MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11095 231

Item 23, Film 189 11-16-55 et 11103

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly. 38
LENGTH OF STAY (in this place) 2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp 77

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park. 14
STREET ADDRESS (If rural give location) 4608 Fordham Rd.

3. NAME OF DECEASED: (Type or Print) (First) Christine (Middle) Andrews (Last) Anderson
4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Jun. 2 1919
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months Days 2 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): New Hampshire
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Albert Leroy Andrews
14. MOTHER'S MAIDEN NAME: Olga Wunderli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Frank G. Anderson - 4608 Fordham Rd College Park Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

342 ?

IMMEDIATE CAUSE (A) ~~Brain~~ Pulmonary Edema DUE TO — INTERVAL BETWEEN ONSET AND DEATH — 24 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Brain Abscess, left parietal lobe DUE TO — ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4, 1955, to 11-8, 1955, that I last saw the deceased alive on 11-7, 1955, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE AND M. D. R. A. Bomer M.D. ADDRESS Hyattsville Md DATE SIGNED 11-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF 11/9/55 NAME OF CEMETERY OR CREMATORY Waterville Crematory LOCATION (City, town, or county) (State) Waterville, N. H. N.Y.

DATE REC'D BY LOCAL REGISTRAR 11/9/55 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS Riverdale Md

RECEIVED
NOV 14 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11096

11104 CERTIFICATE OF DEATH Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Chederly.
LENGTH OF STAY (in this place) 32 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 21. D.C. X 1
STREET ADDRESS (If rural give location) 7677 - Fort Foote Rd.

3. NAME OF DECEASED: (Type or Print) (First) Virgil (Middle) (Last) Armel

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4 Sept 1910
9. AGE last birthday: 45 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed
10B. KIND OF BUSINESS OR INDUSTRY: Light Seeing
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Denzel M. Armel
14. MOTHER'S MAIDEN NAME: Hertie Fishel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Nellie F. Armel 7677 - Fort Foote Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443 X
IMMEDIATE CAUSE (A) Cardiac with Hypertension
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 1955, to 11/5, 19.55 that I last saw the deceased alive on 11/5, 19.55 and that death occurred at 7:35 AM, from the causes and on the date stated above.
SIGNATURE Albert M. Cath M.D. ADDRESS Leonardtown DATE SIGNED 11-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Nov. 7-55
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REGISTRAR: 11/5/55
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Simmons Bros.
ADDRESS: 1661 - Good Hope Rd SE Wash, D.C.

RECEIVED
NOV 9 1925
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11097

11105 CERTIFICATE OF DEATH Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upperly
LENGTH OF STAY (in this place) 38 39 Hrs. 15 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P.G. 15
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyatts Ville Md
STREET ADDRESS (If rural, give location) 2119 Gilford Rd

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) girl (Last) Badini, Twin II
4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
				yrs.	Months	Days	Hours	Min.
F	W		11-13-55				39	15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Badini
14. MOTHER'S MAIDEN NAME: Helen Berne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0 IMMEDIATE CAUSE (A) Prematurity (1200 gms & 26 cm) DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Multiple Pregnancy (Twins) DUE TO

(C) Partial Placental Separation

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-13, 1955, to 11-14, 1955, that I last saw the deceased alive on 11-14, 1955, and that death occurred at 8:43 P.M., from the causes and on the date stated above.

SIGNATURE John A. Perkins M.D. ADDRESS 5301 Hamilton St., Hyattsville Md DATE SIGNED 11/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	11/17/55	Prince Georges Cremation	Beverly Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/19/55	Amanda Downey	Harry W Lemmon Jr	Lusby

RECEIVED
NOV 23 1955
BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11098

11106 CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and the nearest town) 25 Riverdale; LENGTH OF STAY (in this place) 3 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 76 Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park 14; STREET ADDRESS (If rural give location) Box 174 Berwyn Sta.

3. NAME OF DECEASED: (Type or Print) (First) Debora (Middle) Jean. (Last) Bailey

4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 11-22-53

9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Olney Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Raymond Stewart Bailey Jr.

14. MOTHER'S MAIDEN NAME: Shirley Louise Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Raymond S. Bailey Box 174 College Park md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

49/x IMMEDIATE CAUSE

(A) Massive bronchopneumonia + miliary abscesses of liver, kidneys.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(B)

DUE TO

(C) Septicemia

INTERVAL BETWEEN ONSET AND DEATH: (A) 2 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30, 1955, to 11-30, 1955, that I last saw the deceased alive on 11-30, 1955, and that death occurred at 1120 AM, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS Riverdale DATE SIGNED 11-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 12/2/1955; NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery; LOCATION (City, town, or county) (State) College City Md.

DATE REC'D BY LOCAL REGISTRAR 12-1-1955; REGISTRAR'S SIGNATURE Mrs. Jas. Devere Deputy; 24. FUNERAL DIRECTOR [illegible] ADDRESS Riverdale Md.

RECEIVED
DEC 5 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11099

11107 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 6202 Annapolis Rd. X 1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Hez Kiah (Middle) (Last) Bailey

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: 1881

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stephen Bailey

14. MOTHER'S MAIDEN NAME: Annie Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Wife - Patsy

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

587.0 IMMEDIATE CAUSE (A) Acute Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-11, 1920, to 11-11, 1955 that I last saw the deceased alive on 11-1, 1955, and that death occurred at 10 20/60 M, from the causes and on the date stated above.

SIGNATURE Dayton O Walker M. D. ADDRESS Bladensburg, Md DATE SIGNED 11-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 11/12/55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 11/12/55 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR McGuire Funeral Service — ADDRESS 1820-9th St. N.W.

RECEIVED
NOV 15 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12201

CERTIFICATE OF DEATH

11108 FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) D.C.A.F.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen.Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5735-29 th. Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Henry	Baldwin	November	12,	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	1/31/1919	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cartographer--USCoast & Geodetic Ser.		Bradshaw, Maryland	U.S.A.

13. FATHER'S NAME: George Edgar Baldwin

14. MOTHER'S MAIDEN NAME: Emily A. French

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No None	None	Evelyn P.Baldwin 5735--29th Ave. West Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Acute heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D.	Deputy Medical Examiner Hyattsville, Md	11-13-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 16/1955	Rock Creek Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/15/55	Miranda Downey	W.W. Chambers Co.	Riverdale, Md.

VS. A15A

RECEIVED
NOV 17 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11100

11109 CERTIFICATE OF DEATH Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Lanely, Maryland
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Gen Hosp

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Coral Hills, Md. — X
STREET ADDRESS (If rural give location) 5125 Bennings Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Estelle (Last) Ball
4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 19 55
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 12/15/78
9. AGE last birthday: 76 yrs
IF UNDER 1 YEAR OR IF UNDER 24 HRS. — Months | Days | Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: (UNKNOWN) SORRELL
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: EVA M LIGHTFOOT - 5125 Bennings Rd Coral Hills Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
IMMEDIATE CAUSE (A) Myocardiac Failure
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis DUE TO
(C) Old coronary thrombosis (Arteriosclerosis type)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 6
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1955, to Nov 20, 1955 that I last saw the deceased alive on Nov 19, 1955, and that death occurred at 7:55 AM, from the causes and on the date stated above.
SIGNATURE William Brannon M.D.
ADDRESS 6124 Central Ave Capitol Hts Md
DATE SIGNED 11/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/23/1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) (State) Suitland, Pr Geo Co. Md

DATE REC'D BY LOCAL REGISTRAR 11/22/55
REGISTRAR'S SIGNATURE Amanda Library
24. FUNERAL DIRECTOR W. W. Chambers Co
ADDRESS 517-11th St. SE. Wash. DC.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11101

11110 **CERTIFICATE OF DEATH** Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Pr. Georges | MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale | LENGTH OF STAY (in this place) 4 mo. 22 d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Weland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
STREET ADDRESS (If rural, give location) 4415 Colesville Rd.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) A. (Last) Barker
4. DATE OF DEATH: (Month) 11 (Day) 7 (Year) 1955
5. SEX M | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) | 8. DATE OF BIRTH. 4-10-1879 | 9. AGE last birthday 76 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Lawyer | 10B. KIND OF BUSINESS OR INDUSTRY. Retired
11. BIRTHPLACE (State or foreign country): Baltimore | 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James T. Barker
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE | 16. SOCIAL SECURITY NO. 220-32-7296 | 17. INFORMANT & ADDRESS: Hosp. records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Gangrene of right leg. — INTERVAL BETWEEN ONSET AND DEATH 4 Mo.

ANTECEDENT CAUSE (B) DUE TO General arteriosclerosis — 5 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. July 9, 1953 | 19B. MAJOR FINDINGS OF OPERATION Gangrene of right leg. | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Nov 7, 1953, that I last saw the deceased alive on Nov 6, 1953, and that death occurred at 7 4/4 M. from the causes and on the date stated above.

SIGNATURE L W Malumo M.D. | ADDRESS Riverdale Md | DATE SIGNED 11-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/10/1955 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem | LOCATION (City, town, or county) (State) College Manor Prince Geo Co Md

DATE REC'D BY LOCAL REGISTRAR Nov 8 1955 | REGISTRAR'S SIGNATURE James Kevey | 24. FUNERAL DIRECTOR W.W. Cottmoers Co | ADDRESS Riverdale Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11102

1111 CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Pr. George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 26 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Kentucky COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glendale, Ky
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Otis (Middle) Brooklyn (Last) Baumgardner (BUMGARDNER)

4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Wh | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 8-12-99 | 9. AGE last birthday: 56 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life.): TRACKMAN-RETIRED | 10B. KIND OF BUSINESS OR INDUSTRY: L+N. R.R.

11. BIRTHPLACE (State or foreign country): Kentucky | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David W. Baumgardner

14. MOTHER'S MAIDEN NAME: Mattie Puckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unknown | 16. SOCIAL SECURITY NO. 404-05-0700

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 332X	(A) CEREBRAL THROMBOSIS	26 HRS
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO GEN. ARTERIOSCLEROSIS	5 YRS ±
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-21, 1955, to 11-22, 1955, that I last saw the deceased alive on 11-22, 1955, and that death occurred at 10 P. M, from the causes and on the date stated above.

SIGNATURE Carl J. Hausmann M. D. ADDRESS Riverdale Md. DATE SIGNED 11-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/23/1955	Christian Church Cem.	Glendale, Kentucky

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-23-1955	Mrs. Jas. Beverly	W.W. Chambers Co. —	Riverdale, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11103

11112 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.
STREET ADDRESS (If rural, give location) 6305 Kilmer St.

3. NAME OF DECEASED: (Type or Print) (First) Aldon (Middle) (Last) Black

4. DATE OF DEATH: (Month) Nov (Day) 23, (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WJ

8. DATE OF BIRTH: 11-13-80

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Auditor

10B. KIND OF BUSINESS OR INDUSTRY: Govt.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Herbert F Black

14. MOTHER'S MAIDEN NAME: Elizabeth C. Hockman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Irving V. Black

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of the oesophagus — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11.., 1955, to 11/23., 1955 that I last saw the deceased alive on 11/23, 1955, and that death occurred at 11:10 A M, from the causes and on the date stated above.

SIGNATURE John K Black M. D. ADDRESS Cheverly Md DATE SIGNED 11/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 11-26-55 — NAME OF CEMETERY OR CREMATORY CEDA Hill CEM. — LOCATION (City, town, or county) SUITLAND (State) MD

DATE REC'D BY LOCAL REGISTRAR 11/23/55 — REGISTRAR'S SIGNATURE Amanda L Burney

24. FUNERAL DIRECTOR The S. N. Hines Co ADDRESS 2906 14th St N.W. Washington D.C.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11104

11152

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH

COUNTY Prince George's — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton

LENGTH OF STAY (in this place) 25 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 60

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Pr. Geo's Co.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton

STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LUCIAN	R.	BEAVERS	NOV.	20th	19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 21st 1876	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman	Trees Removal	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Beavers	Sarah Liberman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	579-18-2380	Annie M. Beavers Clinton, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.9 IMMEDIATE CAUSE (A) Lung failure

ANTECEDENT CAUSE(S) DUE TO (B) Generalized metastasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cancer

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. old age

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0-	-	YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15, 19 55, to 11-20, 19 55, that I last saw the deceased alive on 11-20, 19 55, and that death occurred at 12:50 P.M., from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Richard N. Dobson M.D.	Beverly Farms, Mass	11-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 23-55	Christ Church Cemetery	Clinton, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Nov. 22, 55	Edward F. Ellis	Simmons Bros.	1661- Good Hope Road S. E

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11153 CERTIFICATE OF DEATH

Reg. Dist. No. 2 34 11105

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Pr. Geo. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowie
LENGTH OF STAY (in this place) 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.O. Box 72

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowie
STREET ADDRESS (If rural give location) P.O. Box 72

3. NAME OF DECEASED: (Type or Print) First: Robert (Middle) Samuel (Last) Bell

4. DATE OF DEATH (Month) Nov (Day) 8, (Year) 1955

5. SEX male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 22 Nov. 1897 | 9. AGE last birthday 57 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY: Self. | 11. BIRTHPLACE (State or foreign country): Texas | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Bell | 14. MOTHER'S MAIDEN NAME: Lena Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Wife Frieda S. Bell Same as #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Coronary Artery disease — 4 years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1950, to Nov. 8, 1955, that I last saw the deceased alive on Nov. 8, 1955, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE Thos Hewett M.D. ADDRESS 30-C Bowie, Md DATE SIGNED 11-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-11-55 | NAME OF CEMETERY OR CREMATORY Geo. Wash. Cem. | LOCATION (City, town, or county) Hyattsville, Md (State)

DATE REC'D BY LOCAL REGISTRAR Nov 11 1955 | REGISTRAR'S SIGNATURE John D. Smith

24 FUNERAL DIRECTOR Gasch's Sons ADDRESS Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . 11106

11154 CERTIFICATE OF DEATH Reg. Dist. No. 242

Items 1,2,Film C189 12-5-55 et

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Maryland Park
LENGTH OF STAY (in this place) 14 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY PRINCE GEO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Park
STREET ADDRESS (If rural give location) 108-65 ST NE

3. NAME OF DECEASED: (First) Nina (Middle) BELLE (Last) Bevelhymer
4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 1955
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: MAR 27 1878
9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): WESTERVILLE OHIO
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: SAMUEL BEVELHYMER
14. MOTHER'S MAIDEN NAME: UNK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: JAMES BEVELHYMER

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) Chronic Congestive Heart Failure	4 mos.
ANTECEDENT CAUSE (S) DUE TO	(B) Generalized Arteriosclerosis	Unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Coronary Occlusion with Myocardial Infarction	4 mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: /
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1955, to Nov 27, 1955, that I last saw the deceased alive on 11/24, 1955, and that death occurred at 2 P M, from the causes and on the date stated above.
SIGNATURE John T. Lynn M. D.
ADDRESS 5240 Silver Hill Rd SE DC
DATE SIGNED 11/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/1/55
NAME OF CEMETERY OR CREMATORY Wash Natl
LOCATION (City, town, or county) (State) Suitland Md.
DATE REC'D BY LOCAL REGISTRAR 11-30-55
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR W W Chambers & Son
ADDRESS 517-11 St SE Washington DC

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
DEC 1 1
BUREAU V. S.

11113

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11107 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY in this place 1 D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) 116 - 11th St.

3. NAME OF DECEASED: (Type or Print) (First) MAE (Middle) LUCILLE (Last) BLAND

4. DATE OF DEATH (Month) 11 (Day) - 8 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5/26/1910

9. AGE last birthday: 45 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Normans Tavern

11. BIRTHPLACE (State or foreign country): Stamps Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dock Woods

14. MOTHER'S MAIDEN NAME: Ella Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Husband Allen Bland Jr. Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Congestive Heart failure — Interval between onset and death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cardio Vascular Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE John D. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 11-8-55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 11/9/55

NAME OF CEMETERY OR CREMATORY 389 Rhode Island Ave

LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 11/9/55

REGISTRAR'S SIGNATURE Miranda Lowney

24. FUNERAL DIRECTOR THE I. D. S Funeral Home

ADDRESS Washington D.C.

11114

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11108 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Riverdale Heights — LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6415-59 Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 6415 - 59th Street

3. NAME OF DECEASED: (Type or Print) (First) Alvin (Middle) Clinton (Last) Boswell Sr.

4. DATE OF DEATH (Month) 11 (Day) 6 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 6-12-79

9. AGE last birthday: 76 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alvin C. Boswell sr

14. MOTHER'S MAIDEN NAME: Nancy Sanford

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) ? — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Alvin C Boswell Jr. Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage & shock — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gunshot wound of chest — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Riverdale (County) Pr. Geo. (State) Md

21d. TIME OF INJURY (Month) 11 (Day) 6 (Year) 55 (Hour) P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Self inflicted -

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐

SIGNATURE John J. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Nov 9. 1955 — NAME OF CEMETERY OR CREMATORY Fort Lincoln — LOCATION (City, town, or county) Colmar Manor. Md (State)

DATE REC'D BY LOCAL REG. 11-9-1955 — REGISTRAR'S SIGNATURE Mrs Jas Devers (Deputy)

24. FUNERAL DIRECTOR F Gasche & Son — ADDRESS Hyattsville, Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11109

11092 CERTIFICATE OF DEATH Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 Hyattsville
LENGTH OF STAY (in this place) From Mar. 28/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D C
STREET ADDRESS (If rural give location) 1628 Columbia Rd. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) L. (Last) Brick
4. DATE OF DEATH: (Month) Nov. (Day) 21, (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: April 24 1875
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: GPO (Govt Printing Office)
11. BIRTHPLACE (State or foreign country): Wash. D. C
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Patrick John Brick
14. MOTHER'S MAIDEN NAME: Margaret Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Myocardial Infarction	3 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerosis DUE TO	15+ yrs.
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 47 to Nov 21, 1955 that I last saw the deceased alive on 11/19 1955, and that death occurred at 1 P.M., from the causes and on the date stated above.
SIGNATURE E. Buchholz M. D.
ADDRESS 1844 Col Rd NW
DATE SIGNED 11/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 25, 1955
NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REGISTRAR Nov 21 1955
REGISTRAR'S SIGNATURE Mrs. Jas Severe Deputy
24. FUNERAL DIRECTOR Francis J Collins
ADDRESS 3821 14th St. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11110

11115

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 34 Brentwood
MARYLAND LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4316 40th. Pl.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood
STREET ADDRESS (If rural give location) 4316 40 th Pl.

3. NAME OF DECEASED: (Type or Print) (First) Roscoe (Middle) Conklin (Last) Brinson

4. DATE OF DEATH: (Month) Nov (Day) 27 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 7th 1883

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Patent Examiner

10B. KIND OF BUSINESS OR INDUSTRY: US Patent Office

11. BIRTHPLACE (State or foreign country): Timpson Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Brinson

14. MOTHER'S MAIDEN NAME: Laura Whitson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Wife Margaret Brinson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 2 0.0

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic Heart Disease 16 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. , 1950 to Nov. 27 , 1955 that I last saw the deceased alive on Nov 3 , 1955 , and that death occurred at 11.31 A.M. from the causes and on the date stated above.

SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN: M. D. ADDRESS 3503 Perry St Mt Rainier Md DATE SIGNED 11/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 11/29/55

NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cem.

LOCATION (City, town, or county) (State): College Manor, Md.

DATE REC'D BY LOCAL REGISTRAR: NOV 27-55

REGISTRAR'S SIGNATURE: Carrie Campbell

24. FUNERAL DIRECTOR: J. W. Lee Inc. G.

ADDRESS: 300 4½ St NE D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11111

11116 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chorely, Md. -
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md. - 15
STREET ADDRESS (If rural give location) 2111 Rolandw St. - 1

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Jil (Last) Brockway

4. DATE OF DEATH: (Month) Nov. (Day) 12, (Year) 1955

5. SEX: F | 6. COLOR OR RACE: N | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Nov. 12, 1955 | 9. AGE last birthday — yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours 15, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Brockway, William

14. MOTHER'S MAIDEN NAME: Halatsis, Diana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

IMMEDIATE CAUSE (A) Atelectasis, pulmonary — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) neonatal asphyxia — 1 Day

DUE TO (C) Prematurity (6 mos).

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12, 1955 to Nov. 12, 1955, that I last saw the deceased alive on Nov. 12, 1955, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE Samuel J. Kruger M. D. ADDRESS 7 Rainier Md DATE SIGNED 11/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 11/17/55 | NAME OF CEMETERY OR CREMATORY Prince George's Gen Hosp | LOCATION (City, town or county) (State) Beverly Md

DATE REC'D BY LOCAL REGISTRAR 11/19/55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Henry W. Beem Jr. | ADDRESS Bryant

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11112

11117 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH

COUNTY Prince George's MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beverly

LENGTH OF STAY (In this place) 7 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Prince Georges

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) East Riverdale

STREET ADDRESS (If rural give location) 5404 - 56th Place

3. NAME OF DECEASED (Type or Print) (First) Waldo (Middle) TUCKER (Last) Brubaker JR

4. DATE OF DEATH (Month) 11 (Day) 2 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	1-13-1906	49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WALDO TUCKER BRUBAKER

14. MOTHER'S MAIDEN NAME: MARY C WALSH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 051-17-7651

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Myocardial Infarct — 8 days

DUE TO (C) Malignant Hypertension — 6 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/31, 1955, to 11/2, 1955, that I last saw the deceased alive on 11/2, 1955, and that death occurred at 2 P.M, from the causes and on the date stated above.

SIGNATURE Gordon W. Kellen M.D. — ADDRESS (Street, city, town, state) Hyatts, Md — DATE SIGNED 11/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Nov. 10 1955	Fort Lincoln	Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
11/9/55	Amanda Downey	[illegible]	475-H-7 W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11113

11118 CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly. LENGTH OF STAY (in this place) 3 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
STREET ADDRESS (If rural give location) 4100 - 32nd. Street

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) A (Last) Buffington
4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White		15 Sept 1891	64 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chairwoman Rate	Tower Bldg.	Harpers Ferry W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Griffith Buffington	Elva Cookus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	U. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		578-30-7161	Mrs. Evelyn Day Daughter 4100-32nd St. Mt. Rainier, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Congestive Heart Failure	7 months
ANTECEDENT CAUSE (S)	DUE TO Arteri-Sclerosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X	(B) DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetic Acidosis — 4 days

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19 ..., to ...., 19..., that I last saw the deceased alive on ...., 19 ..., and that death occurred at 10 20p M, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS	DATE SIGNED
Albert N. Olch M.D.		Cheverly	11-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/25/55	Cedar Hill	Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-25-55	Amanda [illegible]	Hall's Funeral Home, Inc.	3200 - R.I. Ave. Mt. Rainier, Md.

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11114

11119 CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince Geo — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel — LENGTH OF STAY (in this place): 38
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dr Heaton Hosp — 77

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park — 14
STREET ADDRESS (If rural, give location): 5205 - Lanewale

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) (Last) BUTLER
4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr 15 1894
9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: George W. Butler College Park, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X
IMMEDIATE CAUSE (A) Coronary Thrombosis
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Diabetes Mellitus
DUE TO (C) Gangrene of foot

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12 1955, to 11/25 1955, that I last saw the deceased alive on 11/24 1955, and that death occurred at 11:05 A M, from the causes and on the date stated above.

SIGNATURE AND M.D. E. Etienne — ADDRESS College Park Md — DATE SIGNED 11-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Nov 28, 1955 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR: 11/28/55 — REGISTRAR'S SIGNATURE: Amanda L. Kelly

24. FUNERAL DIRECTOR — ADDRESS: J Zocchi Sons Hyattsville Md

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11115

11120 CERTIFICATE OF DEATH

Reg. Dist. No. 237

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charaly, Md. 38
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Accokeek, md. X 1
STREET ADDRESS (If rural give location) Box 110 Route # 1

3. NAME OF DECEASED (Type or Print): (First) Harriet (Middle) (N.M.N) (Last) Byron

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, (MARRIED,) WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Feb. 28, 1888
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months IF UNDER 24 HRS.: Days, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Weir City, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Platts
14. MOTHER'S MAIDEN NAME: Sarah (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No None
16. SOCIAL SECURITY NO. 214-28-3930
17. INFORMANT & ADDRESS: Clint C. Byron — Accokeek Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X
IMMEDIATE CAUSE (A) Metastatic Ca. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Squamous Ca. of Face - extensive
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10, 19 55, to 11/11, 19 55, that I last saw the deceased alive on 11/11, 19 55, and that death occurred at 3 P. M, from the causes and on the date stated above.

SIGNATURE M.D. — ADDRESS 3303 Perry Street Mt Rainier Md — DATE SIGNED 11/13/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Nov. 15/1955
NAME OF CEMETERY OR CREMATORY: Wash. Natl Cem.
LOCATION (City, town, or county) (State): Suitland Pr. Geo. Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 11/13/55
REGISTRAR'S SIGNATURE: Amanda D Furey
24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: Riverdale Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11117

11155 CERTIFICATE OF DEATH

Reg. Dist. No. 2/16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Baden
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS (or) at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baden X
STREET ADDRESS (If rural give location) none 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Robert Cornelius (Last) Connick
Connick W. R. C.

4. DATE OF DEATH: (Month) November (Day) 15 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 9, 1868

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Schoolteacher retired

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Connick

14. MOTHER'S MAIDEN NAME: Marian Naylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Elma L. Connick Brandywine, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) [illegible] DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) [illegible] DUE TO
(c) [illegible]

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible] to Nov 15, 1955, that I last saw the deceased alive on Nov 15, 1955, and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/18/55 — NAME OF CEMETERY OR CREMATORY Immanuel Cemetery — LOCATION (City, town, or county) (State) Horsehead, Md.

DATE REC'D BY LOCAL REGISTRAR Nov 18 1955 — REGISTRAR'S SIGNATURE F. H. Billingsley

24. FUNERAL DIRECTOR Ritchie Bros. — ADDRESS Upper Marlboro, Md.

NOV
BUREAU V. S.

11118

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11121

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.
LENGTH OF STAY (in this place) 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant, Md.
STREET ADDRESS (If rural give location) 6806 - 7th Street

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) S. (Last) Cook
4. DATE OF DEATH: (Month) Nov. (Day) 11, (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-18-94
9. AGE last birthday: 60 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown Cook
14. MOTHER'S MAIDEN NAME: Sophie Schmuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 454-
17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) DUE TO Hodgkin's Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 months
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-11-, 1955, to 11-11-, 1955; that I last saw the deceased alive on 11-14-, 1955, and that death occurred at 7:45 P.M., from the causes and on the date stated above.
SIGNATURE Albert Roth M.D. ADDRESS DATE SIGNED 11-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-16-55
NAME OF CEMETERY OR CREMATORY Washington Nat'l
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/15/55
REGISTRAR'S SIGNATURE Unreadable
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Washington, D.C.

11119

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11122

Items 2,3,13,14,23,24: film G189 11-22-55 L

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1 PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Hyattsville Silverly
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. Va. COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Richmond
STREET ADDRESS 700 S. Laurel St (If rural, give location) [illegible] ✓

3. NAME OF DECEASED: (Type or Print) (First) Sallie (Middle) Taylor (Last) Carson

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-18-84
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry W. Taylor
14 MOTHER'S MAIDEN NAME: unknown EPPS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X
IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Adeno carcinoma of colon — 4 mos
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION: Adeno Carcinoma of colon
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20 1955, to 11/16, 1955, that I last saw the deceased alive on 11/16, 1955, and that death occurred at 9:40 AM, from the causes and on the date stated above. 11/16/55
SIGNATURE Norman Dent Comeau M. D. ADDRESS 3503 Gray St. MT Rainier Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov 18, 1955 — NAME OF CEMETERY OR CREMATORY [illegible] Cemetery — LOCATION (City, town, or county) Richmond Va (State)

DATE REC'D BY LOCAL REGISTRAR 11/16/55 — REGISTRAR'S SIGNATURE Amanda J. [illegible] — 24. FUNERAL DIRECTOR AND ADDRESS D. P. CHRISTIAN, Hyattsville Md Richmond Va.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
NOV 21 1955
BUREAU V. S.

11123

11121

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. —

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Brentwood
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3912 - R. F. Ave,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo -
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 3912 - R. F. Ave.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Isabel (Last) Crawford

4. DATE OF DEATH (Month) 11 (Day) 13 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-31-97

9. AGE Last birthday: 57 yrs. If UNDER 1 YEAR: Months — Days — If UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House - wife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Rector

14. MOTHER'S MAIDEN NAME: Emma Luppold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Husband - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

974 X

Immediate cause (a) Strangulation

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hanging

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town) Brentwood - (County) Pr. Geo. (State) Md.

21d. TIME OF INJURY (Month) 11 (Day) 13 (Year) 55 (Hour) 4 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Hanging with cloths line

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE John J. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-13-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov 15, 1955

NAME OF CEMETERY OR CREMATORY Fort Lincoln

LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. Nov 15 1955

REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR F. Gaede & Son ADDRESS Hyattsville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11122

11093 CERTIFICATE OF DEATH Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) 15
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital) RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEORGES
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYATTSVILLE 15
STREET ADDRESS (If rural give location) 7600 - Colesville Rd

3. NAME OF DECEASED: (Type or Print) (First) MYRTLE (Middle) MAE (Last) DANNER

4. DATE OF DEATH: (Month) (Day) (Year) NOV 8 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: July 15, 1909

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: SIMON H. HIESTAND

14. MOTHER'S MAIDEN NAME: BERTHA DENLINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: HENRI G. DANNER. 7600 COLESVILLE RD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Respiratory Failure, Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: June 5, 1955

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Metastases Brain (CA. 2nd) — 4 years

DUE TO (C) CA. Breast (left) - — 4 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) NOV. 8 1955 A.M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ..., 1951, to Nov 8, 1955, that I last saw the deceased alive on Nov 8, 1955, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE John Harrington M. D. ADDRESS 3810-12 NE DATE SIGNED Nov 8, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 12, 1955 — NAME OF CEMETERY OR CREMATORY Garrison Cemetery — LOCATION (City, town, or county) (State) Baltimore - Co.

DATE REC'D BY LOCAL REGISTRAR Nov. 9, 1955 — REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR J. William Levin Sons Co. — ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

11123

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11124

CERTIFICATE OF DEATH

Reg. Dist. No. 1-1

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capitol Heights X 1
STREET ADDRESS (If rural give location) 6104 - B Street

3. NAME OF DECEASED: (Type or Print) (First) VANCE (Middle) SYLVESTER (Last) DAVIS SR.

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 17, 1890

9. AGE last birthday: 65 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Car Motorman

10B. KIND OF BUSINESS OR INDUSTRY: Street Cars

11. BIRTHPLACE (State or foreign country): West Maryland County, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Dame

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 578 10 5183

17. INFORMANT & ADDRESS: Vance S. Davis Jr. - 6104-B St Capitol Hgts

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Coronary

DUE TO (C) Heart Disease — 5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatoid Arthritis — 15 years

19A. DATE OF OPERATION: C

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1955, to Nov 19, 1955, that I last saw the deceased alive on Nov 19, 1955, and that death occurred at 7:00 P.M. from the causes and on the date stated above.

SIGNATURE William Bramin
ADDRESS M. D. 6124 Central Ave Capitol Hgts Md
DATE SIGNED 11/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 23/1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) (State) Colmar Manor Prince Geo. Co. Md

DATE REC'D BY LOCAL REGISTRAR 11/22/55
REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. Chambers Co.
ADDRESS 517-11th St. SE Wash. D.C.

11124

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11156 CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (RURAL)

LENGTH OF STAY (in this place) 7 mo's, 29 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 634 Morton Pl., N.E.

3. NAME OF DECEASED: (Type or Print) (First) Ismer (Middle) B (Last) Deming

4. DATE OF DEATH: (Month) Nov (Day) 9, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	separated	3/27/04	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Cook		Alabama	U.S.A.

13. FATHER'S NAME: William Deming

14. MOTHER'S MAIDEN NAME: Betty Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	11/42 to 7/45	577-22-2489	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

162x

Immediate cause (a) Bronchogenic Carcinoma rt lung — INTERVAL BETWEEN ONSET AND DEATH: 9 mos

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 7-11, 19 55, to Nov 9, 19 55, that I last saw the deceased alive on Nov 9, 19 55, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Finucane (DEGREE OR TITLE) MD ADDRESS Glenn Dale Hospital Glenn Dale, Maryland DATE SIGNED 11/9/55

23. BURIAL / CREMATION / REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
11/13/55	11/15/55	Arlington National Cem.	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/55	Not Given	J J Stewart & Co HPE	Wash., D.C.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11125

11125 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH

COUNTY Prince George — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 28 Checkly

LENGTH OF STAY (In this place) 2day

HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Prince George

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale 25

STREET ADDRESS (If rural give location) 4510-Riverdale Rd

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Roland (Last) Devilbiss

4. DATE OF DEATH (Month) Nov (Day) 21 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	17 Feb 1890	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Civil Engineer	Washington Suburban Sanit. Comm.	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howard H. Devilbiss	Martha A. Rusbaum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		215-36-4346	Hosp. records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO (B) Ventricular Tachycardia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Coronary insufficiency

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 19 47, to 11-21, 19 55, that I last saw the deceased alive on 11-21, 19 55, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE C. Keefe M.D. **ADDRESS** (Street, city, town, state) Hyattsville, Md **DATE SIGNED** 11-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Entombment	11-25-55	H.K. Smith Cemetery	Colmar Manor, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
11/23/55	Amanda C. Young	E. Davis & Sons	Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11126 CERTIFICATE OF DEATH

Reg. Dist. No. 11126

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colmar Manor X
STREET ADDRESS (If rural give location) 4013 Lawrence St. 1

3. NAME OF DECEASED: (Type or Print) (First) Curtis (Middle) Love (Last) Dodson Jr.

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Nov. 19, 1955

9. AGE last birthday: yrs | IF UNDER 1 YEAR: Months | Days 1 | IF UNDER 24 HRS.: Hours | Min. 3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Curtis Love Dodson Sr.

14. MOTHER'S MAIDEN NAME: Patrica Ann Brotherton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 776X — (A) DUE TO Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1955, to Nov 22, 1955 that I last saw the deceased alive on Nov 21, 1955, and that death occurred at M. from the causes and on the date stated above.

SIGNATURE Leon L. Gallin M.D. ADDRESS Md Rainier DATE SIGNED 11/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11/23/55

NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery

LOCATION (City, town, or county) (State): Washington D. C.

DATE REC'D BY LOCAL REGISTRAR: 11-23-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: F. Gasch's Sons ADDRESS: Hyattsville, Md.

11157

11127

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits write RURAL OR and give nearest town) TOWN Camody Hills | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7570 Blaine Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Camody Hills
STREET ADDRESS (If rural, give location) 7570 Blaine Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Wayne (Last) Donaldson
4. DATE OF DEATH (Month) Nov (Day) 5 (Year) 1955
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Sept 28, 1881
9. AGE last birthday: yrs. 74 IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Ret
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Donaldson
14. MOTHER'S MAIDEN NAME: Joan La Broock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Joan Donaldson, same addr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause 491X	(a)	Acute Congestive heart fail	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Toxemia	
	DUE TO (c)	Bronchopneumonia	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE Samuel Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11-5-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov 7, 1955
NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REG. NOV 6-55
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11128

11127 CERTIFICATE OF DEATH

Reg. Dist. No. 237

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 28 Cheverly
LENGTH OF STAY (in this place) L
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince George Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M.D. COUNTY PRINCE GEO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CARMODY HILLS — X
STREET ADDRESS (If rural give location) 7512 CST NE.

3. NAME OF DECEASED: (First) Ida (Middle) MARJORIE (Last) Edelen

4. DATE OF DEATH: (Month) Nov. (Day) 5, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M | 8. DATE OF BIRTH: 2-28-01 | 9. AGE last birthday 54 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10B. KIND OF BUSINESS OR INDUSTRY: AT HOME | 11. BIRTHPLACE (State or foreign country) MD | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES B HARDESTY | 14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. UNKNOWN | 17. INFORMANT & ADDRESS: 7512 CST NE GEORGE EDELEN

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

560.4 IMMEDIATE CAUSE (A) Congestive Heartfailure — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Postop. Status after Repair of

(C) DUE TO Diaphragmatic Hernia.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1955, to November 5, 1955, that I last saw the deceased alive on Nov. 5, 1955, and that death occurred at 6 p. M, from the causes and on the date stated above.

SIGNATURE Max M. Herzberg M. D. ADDRESS 7016 Grey St Seat Pleasant, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/9/55 | NAME OF CEMETERY OR CREMATORY Mt. Nebo Memorial Park | LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REGISTRAR 11-6-55 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR AND ADDRESS W. W. Chambers Co., Riverdale, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

11/9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11130

11158 CERTIFICATE OF DEATH

Reg. Dist. No. 1

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Landover R#1/Md
LENGTH OF STAY (in this place) 5 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Landover Road / 00 Near Largo, md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover R#1
STREET ADDRESS (If rural give location) Landover Rd near Largo.

3. NAME OF DECEASED: (Type or Print) First: Edith (Middle) Victoria (Last) FARRALL

4. DATE OF DEATH: (Month) Nov (Day) 30 (Year) 1955

5. SEX: Fem | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed. | 8. DATE OF BIRTH: 10/7/1903 | 9. AGE last birthday: 52 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic, at home | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Prince Georges Co. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Henry "Dennie" Hutchinson | 14. MOTHER'S MAIDEN NAME: Mary Agnes WINDSOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S ADDRESS: Landover R#1 | Raymond FARRall (Son)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE: 420.1	(A) Acute Coronary Occlusion	Sudden
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) General Arterio sclerosis	unknown
	DUE TO (C) and Chronic Endocarditis	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none of note

19A. DATE OF OPERATION: none | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) Natural Causes (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 1, 1950 to Nov 30 1955, that I last saw the deceased alive on Nov 2, 1955, and that death occurred at 10:45 P. M., from the causes and on the date stated above.

SIGNATURE Jane E Van Natta M.D | ADDRESS Washington 28 DC | DATE SIGNED Nov 30 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12/5/55 | NAME OF CEMETERY OR CREMATORY Arlington Nat'l | LOCATION (City, town, or county) Arlington Va (State)

DATE REC'D BY LOCAL REGISTRAR 12/1/55 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR J.W. Chambers Co | ADDRESS Riverdale Md

11128

11131

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 11131

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

Items 20, 21, 22, 23, 24 and 25 to be completed by Physician.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville 15
STREET ADDRESS (If rural, give location) 4616 - Burlington Road

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Joseph (Last) Flynn
4. DATE OF DEATH (Month) 11 (Day) 15 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	11-13-1938	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): School-boy
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Joseph Flynn
14. MOTHER'S MAIDEN NAME: Ruby Breeden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Father - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) 976X Hemorrhage & shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gunshot wound of head

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY HOME
21c. (City or town) Hyattsville (County) Pr. Geo (State) Md
21d. TIME OF INJURY (Month) 11 (Day) 13 (Year) 55 (Hour) 3.00 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Self inflicted gunshot wound of head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov 19, 1955
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 11/16/55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR & Gascha Sons
ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

11094

11132 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges | MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2901 Queens Chapel Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE | COUNTY 4
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington DC.
STREET ADDRESS (If rural, give location) 137 - Bryant St. N.E.

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) May (Last) Frank.

4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5-18-85

9. AGE last birthday: 70 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Coleman

14. MOTHER'S MAIDEN NAME: Laura Kelly.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17a. INFORMANT & ADDRESS: Jack Rainey - 4521 - 38th St. Brother-in-law.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442 X

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c) Hypertensive heart disease

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 11-18-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-21-55

NAME OF CEMETERY OR CREMATORY Lincoln

LOCATION (City, town, or county) Brookeville (State) Md.

DATE REC'D BY LOCAL REG. 11/15/55

REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy

24. FUNERAL DIRECTOR Smith & Hamilton ADDRESS 3841 - 24th Pl. N.E. D.C.

VS. A15A - 5 - 53

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11133

11159

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH

COUNTY Prince George's — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Oxon Hill

LENGTH OF STAY (in this place): 4 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Pr. Geo's Co.,

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Oxon Hill, Maryland

STREET ADDRESS (If rural give location): 2400 - Owens Road S. E.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) DODDS (Last) GRANT

4. DATE OF DEATH (Month) Nov. 21st. (Day) (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Dec. 15th. 1875	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Int. Brotherhood E. Workers.	Pitts., Pa	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Grant	Hannah Kelley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Laura Miller Grant 2400 - Owen Road S. E.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Cardiovascular Disease

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5, 19 54, to 11/21, 19 55, that I last saw the deceased alive on 11/5, 19 55, and that death occurred at 4P M, from the causes and on the date stated above. 11/22/55

SIGNATURE David Lenarz M.D. — ADDRESS (Street, city, town, state) 2901 Fairlawn St, Hillcrest Heights, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 25-55	Cedar Hill Cemetery	Suitland, Maryland.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
NOV. 22-55	Erma F. Oldenkamp	Summers Bros	1661- Good Hope Road SE Washington, D.C.

11129

11134 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevrly; LENGTH OF STAY (In this place) 6 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY —; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel; STREET ADDRESS (If rural, give location) Box 160 - R.F.D 2

3. NAME OF DECEASED: (First) Haywood (Middle) J (Last) Green

4. DATE OF DEATH (Month) 11 (Day) 6 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-17-88

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Gen. laboring

11. BIRTHPLACE (State or foreign country): N. Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse Green

14. MOTHER'S MAIDEN NAME: Marzellia Lamb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): / (If Yes, give war or dates of service): /

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Katherine Higgs - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 902.5 DUE TO Hemorrhage o shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Crushed chest (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: / 19b. MAJOR FINDING OF OPERATION: /

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.), INJURY Street

21c. City or town, (County), (State): Laurel Pr. Geo. / Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-6-55 4 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell 10 ft. into creek.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE John D. Maloney (Hyattsville, Md) M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 11-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Nov 9-1955 — NAME OF CEMETERY OR CREMATORY Savage Cemetery — LOCATION (City, town, or county) (State): Savage, Md

DATE REC'D BY LOCAL REG. Nov 9- 55 — REGISTRAR'S SIGNATURE Amanda Mooney

24. FUNERAL DIRECTOR: Ritchie Homesdale — ADDRESS Laurel Md

11/10/55

11098

11135 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Mount Rainier
LENGTH OF STAY (In this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3362 Chillum Rd.Apt#102

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mount Rainier
STREET ADDRESS (If rural, give location) 3362 Chillum Rd. Apt#102

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALBERT CHARLES HAJE	November 15th 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb.12th,1922	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Manager	Restaurant	New Jersey	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Haje	Shumas Saseen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW 11	Unknown	Helen Haje, 3362 Chillum Rd.Apt#102 Mount Rainier, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardiovascular disease	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md.) M. D.
CHIEF MEDICAL EXAMINER ☐, DEPUTY MEDICAL EXAMINER ☒, ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-15-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/18/55	Arlington Natl.	Arlington Va.

DATE REC'D BY LOCAL REG. 11-16-1955 REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy

24. FUNERAL DIRECTOR ADDRESS
W.W.Chambers Co. 1400 Chapin St.N.W. Washington, D.C.

11160

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11136

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
LENGTH OF STAY (in this place) 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) Church Lane

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Katherine (Last) Harvey

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 25 Sept 1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home.

11. BIRTHPLACE (State or foreign country): Denmark Junction City Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rasmus R. Bolleson

14. MOTHER'S MAIDEN NAME: Elsie Jensen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S ADDRESS: Son. Charles Wm. Harvey Bowie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Hypertensive cardiovascular disease — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Malone (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-28-55

NAME OF CEMETERY OR CREMATORY Arlington National Memorial Park

LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. Nov 23 1955

REGISTRAR'S SIGNATURE Mrs. Agnes M. Yingling

24. FUNERAL DIRECTOR E. Davis Sons

ADDRESS Hyattsville, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11137

11161

CERTIFICATE OF DEATH

Reg. Dist. No. 7th

1. PLACE OF DEATH

COUNTY Prince Georges — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanham Maryland

LENGTH OF STAY (In this place) 8 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Goodluck Road

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Prince Georges

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanham Md.

STREET ADDRESS (If rural give location) Good luck Road

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Ernest (Last) Hastings

4. DATE OF DEATH (Month) Nov (Day) 17, (Year) 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	single	July 23 1885	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Farmer	Salisbury Maryland.	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John E Hastings	Belle Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no			Miss Lamie Hastings.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

16 X

IMMEDIATE CAUSE (A) CANCER OF LUNG — 1 YEAR

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10-, 1955, to 11-17-, 1955, that I last saw the deceased alive on 3-10-, 1955, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE Allen Roth M.D. **ADDRESS** (Street, city, town, state) Riverdale **DATE SIGNED** 11-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 19, 1955	Parsons Cemetery	Salisbury Maryland.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	Mrs. Carrie Campbell	Holloway & Co	Salisbury Md.

RECEIVED
21 1955
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11138

11162 CERTIFICATE OF DEATH

Reg. Dist. No. 2 F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8300 Harvey Drive

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) W (Last) Hemelt

4. DATE OF DEATH: (Month) Nov (Day) 29 (Year) 1955

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Oct 13-1884 — 9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Bernard Sinks — 14. MOTHER'S MAIDEN NAME: Walburga Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Anthony Hemelt as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Acute Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Thrombosis — 4 wks
(c) Arteriosclerosis + Cardiac Enlargement

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1955, to Nov 29, 1955, that I last saw the deceased alive on Nov 29, 1955, and that death occurred at 4 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
M.D. Clerer M.D. — 5713 Chrystina Pkwy Tuxedo Md

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE THEREOF 12-2-1955 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. 12-2-55 — REGISTRAR'S SIGNATURE James A Tatlow — 24. FUNERAL DIRECTOR Robert A Mattingly — ADDRESS 1311 H St Wash DC

RECEIVED
U. S.

11163

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11139

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1415 52nd Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hillside
STREET ADDRESS (If rural, give location) 1415 52nd Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Alexander (Last) Hilton

4. DATE OF DEATH (Month) November (Day) 8, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: March 3, 1886

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Receiving Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles F. Hilton

14. MOTHER'S MAIDEN NAME: Mary E. Cleary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W. W. 1

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 1413 5nd Street William H. Hilton, Hillside, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
442 X Immediate cause	(a)	Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Cardiovascular renal disease	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H. Young M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11/3/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-12-55

NAME OF CEMETERY OR CREMATORY Washington National Cemetery

LOCATION (City, town, or county) Suitland P. Co.

(State) Md.

DATE REC'D BY LOCAL REG. 11/12/55

REGISTRAR'S SIGNATURE Carrie L. Campbell

24. FUNERAL DIRECTOR E. Daschbach & Son

ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

11130

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11140

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Riverdale Heights
STREET ADDRESS (If rural, give location) 6205--60th Place

3. NAME OF DECEASED: (First) PATRICIA (Middle) ELLEN (Last) HOOVER

4. DATE OF DEATH (Month) November (Day) 21st, 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 16th, 1951

9. AGE last birthday: 4 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Infant--None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marshall Vincent Hoover

14. MOTHER'S MAIDEN NAME: Ellen Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Marshall V. Hoover, 6205--60th Place, ~~Riverdale Heights~~, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia & surgical shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) 2nd & 3rd degree burns of 85% of

DUE TO

(c) body with skin graft operation.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.), INJURY Home

21c. (City or town) E. Riverdale (County) Pr. Geo (State) Md

21d. TIME OF INJURY (Month) 11 (Day) 1 (Year) 55 (Hour) 12.10 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Ignited with matches

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11/23/55

NAME OF CEMETERY OR CREMATORY Washington Nat'l Cem.

LOCATION (City, town, or county) (State) Suitland, Pr. Geo. Co., Md.

DATE REC'D BY LOCAL REG. 11/23/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR W. W. Chambers Company

ADDRESS Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11141

11131 CERTIFICATE OF DEATH Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH. COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant X
STREET ADDRESS (If rural give location) 6910 George Palmer Hwy

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Howe
4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 19 55

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Aug. 28, 1885
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Hammett
14. MOTHER'S MAIDEN NAME: Harriet Merryman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Norman Howe - 6910 Geo Palmer Hwy Seat Pleasant Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.1
IMMEDIATE CAUSE (A) Hepatic Hailure due
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) To Lacunar Cirhosis DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 1 month ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11/1/55 2
19B. MAJOR FINDINGS OF OPERATION Lacunar Cirhosis
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13/55, 19..., to 11/12, 1955, that I last saw the deceased alive on 11/12, 1955, and that death occurred at 7:45 P.M. from the causes and on the date stated above.

SIGNATURE William Brannin M.D. ADDRESS 6104 Central Ave Capitol Hgts Md DATE SIGNED 11/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/16/55
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Wash. Dc (State)

DATE REC'D BY LOCAL REGISTRAR 11/14/55
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. Chambers Co.
ADDRESS 517 11th St. S.E.

RECEIVED
NOV 16 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11142

11164 CERTIFICATE OF DEATH Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X Glenn Dale (rural)
LENGTH OF STAY (in this place) 2 mos., 20 dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47 X-2
STREET ADDRESS (If rural give location) 117 R. St., N.E.

3. NAME OF DECEASED: (Type or Print) (First) Elouise (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) NOV. (Day) 27 (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6.15.11
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months 5 Days 12 IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Sam Greene's
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ? Johnson
14. MOTHER'S MAIDEN NAME: Janie Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver — Interval Between Onset And Death 5 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c) 571.0 002.X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 3 months

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/7, 1955, to 11/27, 1955, that I last saw the deceased alive on 11/27, 1955, and that death occurred at 11:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) David Lee Fincher, M.D. ADDRESS Glenn Dale Hospital, Glenn Dale, Maryland DATE SIGNED 11/29/55

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 11/29/55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Laurel, Md.

DATE REC'D BY LOCAL REGISTRAR 11/28/55 — REGISTRAR'S SIGNATURE Lee Weiss

24. FUNERAL DIRECTOR Williams Funeral Home, Inc. ADDRESS Laurel, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11143

11165 CERTIFICATE OF DEATH Reg. Dist. No. 242

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 505 - 68th Pl.

3. NAME OF DECEASED: (First) Robert (Middle) Edwin (Last) Joy
4. DATE OF DEATH: (Month) Nov. (Day) 2nd (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: Dec 8th 1864 | 9. AGE last birthday: 91 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Jane Joy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs James Beel Hotchkiss same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 442X (A) Arteriosclerotic Cardio-Vascular — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Renal Disease — 15 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1950, to Nov 2, 1955 that I last saw the deceased alive on Nov 1, 1955, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

SIGNATURE William Brannin, M.D. ADDRESS 6104 Central Ave, Capitol Hts Md DATE SIGNED 11-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 11-5-55 | NAME OF CEMETERY OR CREMATORY Mount Olivet | LOCATION (City, town, or county) (State) Wash DC

DATE REC'D BY LOCAL REGISTRAR 11/3/55 | REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR 382-6444 ADDRESS NW Beverly Hanlon Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11144

11166 CERTIFICATE OF DEATH

Reg. Dist. No. 143

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Glenn Dale (rural)
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 437 6th St., S. W.

3. NAME OF DECEASED: (Type or Print) (First) HAZEL (Middle) ANN (Last) KELTY

4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 1955.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Separated (not legally)	11/13/28	26 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Washington, D. C.	USA

13. FATHER'S NAME: John Edward Farrell

14. MOTHER'S MAIDEN NAME: Josephine Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no —	217-28-1924	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 002X Cor Pulmonale	2 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Pulmonary Tuberculosis	9 yrs. 9 mos.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Oct. 19, 1955, to Nov. 3, 1955, that I last saw the deceased alive on Nov. 2, 1955, and that death occurred at 7.40 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Daniel Lee Pincoffs M. D. Glenn Dale Hospital Glenn Dale, Md. 11/3/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-8-55	Fort Lincoln Cemetery	Hyattsburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/3/55	[signature]	W. Warren Tattersall	3619-14th N.W. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11145

11132 CERTIFICATE OF DEATH Reg. Dist. No. 245

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: 5515 Indiana ST
COUNTY Pr. Geo RIVERDALE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 25
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY CALVERT.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick Rt 4 X-2
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (First) RESSIE (Middle) C (Last) LANE
4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 19 55

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 10-15-1884
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 0 Days 25 IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Calvert Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alex. Bowen
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: B. Leroy Lane, Rt. Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
163X
IMMEDIATE CAUSE (A) CANCER of LUNG
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH: 3 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: ✓
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10-55, 19 55 to 11-10, 19 55 that I last saw the deceased alive on 10-30, 19 55, and that death occurred at 11:20 A.M, from the causes and on the date stated above.
SIGNATURE Calbert Roth ADDRESS M. D. Riverdale, Md. DATE SIGNED 11-10 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 13 1955
NAME OF CEMETERY OR CREMATORY Central Methodist Church
LOCATION (City, town, or county) (State) Barstow, Calvert Co. Md.

DATE REC'D BY LOCAL REGISTRAR 11-11-55
REGISTRAR'S SIGNATURE L. W. Wade Mrs. Jas. Bevard Deputy
24. FUNERAL DIRECTOR G. A. Hardesty & Son, Mutual, Md. ADDRESS

11133

11146 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly | LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 7408 Bybrooke Lane

3. NAME OF DECEASED: (First) Henry (Middle) Irving (Last) Leborits
4. DATE OF DEATH (Month) Nov (Day) 14 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	3-5-22	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Realtor	Construction	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME: Nathan Leborits
14. MOTHER'S MAIDEN NAME: Augusta Aaronson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes WW II		Mr. Lester A Blumenthal 1601 Argonne Pl. NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Hemorrhage and shock	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	gunshot wound thru head	
DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Office Bldg	Hillcrest Hts. P.G. Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Nov 14 55 10 AM		Shot self thru head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Ross M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED Nov 14, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-16-55	Arlington	Balto Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
11/16/55	[illegible] Hudson for	Jack Lewis Inc	2100 Eutaw Pl

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11147

11134 CERTIFICATE OF DEATH — Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.
LENGTH OF STAY (in this place) 38 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park, Md.
STREET ADDRESS (If rural give location) 6805 - 40th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) G. (Last) Loucks

4. DATE OF DEATH: (Month) Nov. (Day) 11, (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: July 15, 1909

9. AGE last birthday 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Display Mgr. Raleigh Hab

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Harry Loucks

14. MOTHER'S MAIDEN NAME: Ada Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Isabel L Loucks 6805 40th Ave. University Park Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.0

IMMEDIATE CAUSE (A) DUE TO Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 7 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28-, 1955 to 11-11-, 1955 that I last saw the deceased alive on 11-11-, 1955, and that death occurred at 9 P M, from the causes and on the date stated above.

SIGNATURE John P. Clam ADDRESS M.D. 6110 43rd Ave Hyattsville Md DATE SIGNED 11-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-15-55

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Fort Lincoln Bladensburg Md

DATE REC'D BY LOCAL REGISTRAR 11/15/55

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Wade Funeral Home ADDRESS 4812 Rhode Island Ave Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11148

11167 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Lewisdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEWISDALE X
STREET ADDRESS (If rural give location) 2201 - CALVERT ST

3. NAME OF DECEASED: (Type or Print) (First) ELLIE (Middle) S, (Last) MAUCK
4. DATE OF DEATH: (Month) (Day) (Year) 11 - 9 - 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: NOV 24, 1869
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elder L. Athey
14. MOTHER'S MAIDEN NAME: Amelia A. Garrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Senility DUE TO
(C) Myocardial Infa

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 5, 1955, to Nov. 9, 1955, that I last saw the deceased alive on 11-9, 1955, and that death occurred at 5:30 M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 3117 S. Cottage City DATE SIGNED 11 9 [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/12/1955
NAME OF CEMETERY OR CREMATORY Ivy Hill
LOCATION (City, town, or county) (State) Upperville, Va

DATE REC'D BY LOCAL REGISTRAR NOV 14 1955
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR J. Wm Lee Sons Co
ADDRESS Wash, D.C.

11168 11149

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Forestville
LENGTH OF STAY (in this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westphalia Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Aaron (Middle) (Last) McDuffy
4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 1955

5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH:
9. AGE Last birthday: 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Airforce
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Richardson
14. MOTHER'S MAIDEN NAME: Elizabeth M. McDuffy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Retired
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Air Force Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage and shock — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Ruptured heart — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Road
21c. (City or town) Forestville (County) (State) Md
21d. TIME OF INJURY (Month) 11 (Day) 3 (Year) 55 (Hour) 2 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Occupant of car that overturned after hitting tree

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE James J. Bigg M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-3-55

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF 11/5/55
NAME OF CEMETERY OR CREMATORY Edw. R. Baker Mem. Home
LOCATION (City, town, or county) Tulsa (State) Tenn.

DATE REC'D BY LOCAL REG. 11/3/55
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR Matthews and Stayisse
ADDRESS 1924 R St N.W. Wash, DC

11095

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — Reg. Dist. 11150

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (In this place) 6 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5601 - Chillum Hts Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville 15; STREET ADDRESS (If rural, give location) 5601 - Chillum Hts Drive

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Robert (Last) Mead

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-5-1907

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Florist

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Clyde Mead

14. MOTHER'S MAIDEN NAME: Susan E. Ware

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): W.W. 2

16. SOCIAL SECURITY NO.: 578-07-8985

17. INFORMANT & ADDRESS: Brother John G. Mead Rd. Hyattsville 703 Chillum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE John J. Maloney (Hyattsville Md)

M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-4-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov. 7 1955

NAME OF CEMETERY OR CREMATORY Arlington Natl. Cem.

LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REG. Nov. 4 1955

REGISTRAR'S SIGNATURE Mrs. Jas. Lowell (Deputy)

24. FUNERAL DIRECTOR D.C. H. H. Hines Company

ADDRESS 2901 14th St NW

VS. A15A - 5 - 53

11135

11152 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Tangley Park
STREET ADDRESS (If rural, give location) 1306 - Monmac Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paul	Lavall	Montague	11 -	18 -	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4-3-20	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Adjuster	Finance	Wash. D.C.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Montague	Helen Maud Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes World War II		Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Acute congestive heart failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Cardiovascular disease	
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE	M. D.	CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐	DATE SIGNED
John J. Malone (Hyattsville Md)			11-18-55

23. BURIAL, CREMATION, REMOVAL (Specify)?	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/21/55	Arlington Nat Cem	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/19/55	[illegible]	W. R. Duncanson & Son	5732 Ga Ave N.W.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11096 CERTIFICATE OF DEATH

Reg. Dist. No. 11153

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural give location) 7202 Rhode Island Ave.

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) (Last) Mulvey

4. DATE OF DEATH: (Month) Nov (Day) 3, (Year) 1955.

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH July 18, 1868

9. AGE last birthday 87 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Glenna W. Burgess College Park, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial degeneration

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cerebral Accident

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1 , 19[illegible], to 11-3 , 19[illegible] that I last saw the deceased alive on 11-2 , 19[illegible] and that death occurred at M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D.

ADDRESS Hyattsville

DATE SIGNED 11-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov 7, 1955

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington Virginia.

DATE REC'D BY LOCAL REGISTRAR Nov 6 1955

REGISTRAR'S SIGNATURE James Gray

24. FUNERAL DIRECTOR F. Gasch's Sons

ADDRESS Hyattsville, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12585/

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel.
STREET ADDRESS (If rural give location) 82 - Fairlawn Ave

3. NAME OF DECEASED: (Type or Print) (First) Baby. (Middle) Boy. "A" (Last) Murphy

4. DATE OF DEATH: (Month) Nov (Day) 27 (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.

8. DATE OF BIRTH: 27 Nov 55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 1 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John B. Murphy.

14. MOTHER'S MAIDEN NAME: Marguerite Wright.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5
IMMEDIATE CAUSE (A) Atelectasis

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Prematurity (30cm. 500gms)
DUE TO (C) Multiple Pregnancy - twins

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27, 1955, to 11-27, 1955, that I last saw the deceased alive on 11-27, 1955, and that death occurred at 7.40 M, from the causes and on the date stated above.

SIGNATURE Julius V. Pulain M.D. ADDRESS 5301 Hamilton St. Hyatts, Md DATE SIGNED 11-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF Jan 56 NAME OF CEMETERY OR CREMATORY Prince George Gen Hosp LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/4/56 REGISTRAR'S SIGNATURE Amanda Darney

24. FUNERAL DIRECTOR Henry W. Penn ADDRESS Hy.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 17 1956
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12587

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly — LENGTH OF STAY (in this place) 38
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp 77

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel — 41
STREET ADDRESS (If rural give location) 802 - Fairlawn. Ave 1

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl "B" (Last) Murphy

4. DATE OF DEATH: (Month) Nov (Day) 27 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Nov. 27, 1955 | 9. AGE last birthday yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours 1, Min. 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John B Murphy

14. MOTHER'S MAIDEN NAME: Marguerite Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5
IMMEDIATE CAUSE (A) Atelectasis

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Prematurity (3 lbs 540 gms)
DUE TO (C) Multiple Pregnancy (Twins)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27..., 1955, to 11-27..., 1955, that I last saw the deceased alive on 11-27..., 1955, and that death occurred at 7 56 M, from the causes and on the date stated above.

SIGNATURE John W. Pulain
ADDRESS M.D. 5301 Health St. Hyatts. Md
DATE SIGNED 11-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF Jan 56 | NAME OF CEMETERY OR CREMATORY Prince Georges Gardens | LOCATION (City, town, or county) Cheverly (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/7/56 | REGISTRAR'S SIGNATURE Edmund L. Downey | 24. FUNERAL DIRECTOR Stanley N Penn Jr | ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

RECEIVED
JAN 17 1956
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11154

11169 CERTIFICATE OF DEATH Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Glenn Dale (rural)
LENGTH OF STAY (in this place) 8 yrs., 2 mos., and 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural give location) 4527 Blue Plains Drive, S. E. V

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) (Last) NAYLOR.

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1955.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8/25/1925
9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willie King
14. MOTHER'S MAIDEN NAME: Clara Combie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 220-20-3320
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 002X Pulmonary Tuberculosis — Interval Between Onset And Death 8 1/2 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1947, to 11/18, 1955, that I last saw the deceased alive on 11/18, 1955, and that death occurred at 945 AM, from the causes and on the date stated above.

SIGNATURE Daniel Lee Finucane (Degree or title) M.D. ADDRESS Glenn Dale, Md. DATE SIGNED 11/19/55

23. BURIAL, CREMATION, REMOVAL (Specify) 11/21/55
DATE THEREOF 11/21/55
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland, Maryland
DATE RECD BY LOCAL REGISTRAR 11/18/55
REGISTRAR'S SIGNATURE Mae Weiss
24. FUNERAL DIRECTOR Sammons Brothers
ADDRESS 1661-4th Hoyes Road S E Wash D C

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11170

CERTIFICATE OF DEATH

12270

Reg. Dist. No. 242

1. PLACE OF DEATH

COUNTY Prince George's — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hill Crest Heights

LENGTH OF STAY (in this place) 2 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Prince George's

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hill Crest Heights X

STREET ADDRESS (If rural give location) 2824 - Keating Street S. E.

3. NAME OF DECEASED (Type or Print) (First) GAYLON (Middle) B. (Last) OREBAUGH.

4. DATE OF DEATH (Month) Nov. 27th (Day) (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
~~MXX~~ Male	White	Married	March 3rd-1900	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Guard	Navy Gun Factory	Timberville, Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oscar B. Orebaugh	Emma ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	World # 1, # 2.		Mrs. Robert Garber, Harrisonburg, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 16 Hours

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Insufficieny — 8 Days

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 11- 19th, 19 55, to 11 - 27th, 19 55, that I last saw the deceased alive on 11- 27th, 19 55, and that death occurred at 4-50 P.M. from the causes and on the date stated above.

SIGNATURE Daniel S. Gordon, M.D. — ADDRESS (Street, city, town, state) 5731 - 23rd. Parkway S. E. — DATE SIGNED Nov. 27th 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 30-1955	Linville Creek Cemetery	Broadway, Va.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Nov. 28- 55	Edna F. Gillus	Simms Bird	1661- Good Hope Road S.E. Washington, DC.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11155

1199 CERTIFICATE OF DEATH

Reg. Dist. No. 2345

1. PLACE OF DEATH.
COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. RAINIER
LENGTH OF STAY (in this place) 10 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4607-29 ~~20~~

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY PR. GEORGES
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. RAINIER
STREET ADDRESS (If rural give location) 4607 - 29TH ST

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) WAYLAND (Last) PATTESON

4. DATE OF DEATH. (Month) NOV (Day) 27 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: AUG 4, 1880

9. AGE last birthday: 75 yrs

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY: SEWING MACHINE

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HENRY PATTESON

14. MOTHER'S MAIDEN NAME: ULLA BRENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. WIFE: VEVIE PATTESON MT RAINIER MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 1 MO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO CORONARY ARTERIOSCLEROTIC

(C) HEART DISEASE — 1 1/2R

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV 20 1955, to NOV 27 1955, that I last saw the deceased alive on NOV. 27, 1955, and that death occurred at 3:35 PM, from the causes and on the date stated above.

SIGNATURE Samuel J. N. Sugar M. D. ADDRESS Mt. Rainier Md DATE SIGNED Nov 27, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) transportation

DATE THEREOF 11/29/55

NAME OF CEMETERY OR CREMATORY Piney River

LOCATION (City, town, or county) (State) Piney River Va

DATE REC'D BY LOCAL REGISTRAR 11/29/55

REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy

24. FUNERAL DIRECTOR ADDRESS F. Gasch & Sons Hyattsville, Md.

RECEIVED
DEC 1 1955
BUREAU V. S.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11136 CERTIFICATE OF DEATH

11156

Reg. Dist. No. 23/

1. PLACE OF DEATH

COUNTY: Prince George's — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cheverly Md

LENGTH OF STAY (In this place): 15 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2309 Cheverly avenue,.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Prince George's

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Cheverly, Maryland.

STREET ADDRESS (If rural give location): 2309 Cheverly avenue,.

3. NAME OF DECEASED (Type or Print): (First) Esther (Middle) Ann (Last) Pennoyer

4. DATE OF DEATH (Month) Nov (Day) 14, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
female	white	widowed	April 5, 1872	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Pennsylvania	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Smith	Mary A Mc Guann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		none	Wm J. Pennoyer Cheverly, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSE(S) DUE TO (B): Coronary occlusion — 4 weeks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C): Arteriosclerosis — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19 53 to 14 Nov., 19 55, that I last saw the deceased alive on 14 Nov., 19 55, and that death occurred at 2:00 PM, from the causes and on the date stated above.

SIGNATURE: John Kelso M.D. — ADDRESS (Street, city, town, state): Cheverly Md — DATE SIGNED: 15 Nov 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 16, 1955	Mt. Olivet Cemetery	Washington D. C.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 11/15/55	Amanda [illegible]	F. Gasch's Sons	Hyattsville, Maryland.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11171

CERTIFICATE OF DEATH

11157

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Seabrook

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 54 yrs

Hospital, institution, or street address where death occurred:

00

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Seabrook

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Tatenown Rd (If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Adelaide Pierce

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	widowed

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 1861

8. AGE: Years: 94 | Months: — | Days: — | If less than one day: — hrs. — min.

9. Birthplace: Prince George Co, Md (Town, county, and state)

10. Usual occupation: an employee

11. Industry or business: —

FATHER 12. Name: —

13. Birthplace

MOTHER 14. Maiden name: —

15. Birthplace

16. Informant: Mrs. Elmer Pierce

Address: Seabrook Md.

17. Burial, cremation, or removal. Which? Burial Date thereof: 11/18/55 (month) (day) (year)

Cemetery or crematory: Evergreen Meth. Church

Location: Landon Md.

18. Funeral director: Thompson Funeral Service

Address: 611 H St. N.W.

19. 11/16/55 (Date rec'd by registrar) 19.. Registrar: Mrs. Agnes M. Ginsburg

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 16, 1955, at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July, 1954, to Nov 16, 1955

and that I last saw h— alive on 11/13, 1955

Immediate cause of death	DURATION
Carcinoma	
Decompensation	
Due to: Gen. Arteriosclerosis	
Due to: 4 mos.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work?

23. SIGNATURE: Dr. Henry A. Wise, M. D. or other

Address: Bowie Md. Date signed: 11/16/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11159

11172 CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - WASHINGTON 27 DC; LENGTH OF STAY (in this place) 3 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6501 DARCEY RD. S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAN DCOUNTY PRINCE GEO; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ALMS HOUSE-WASHINGTON 27 DC; STREET ADDRESS (If rural give location) 5440 Silver Hill Rd. S.E.

3. NAME OF DECEASED: (Type or Print) First: ALICE (Middle) (Last) POLLOCK

4. DATE OF DEATH: (Month) NOV (Day) 12 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MAY 10, 1869

9. AGE last birthday: 86 yrs; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER

10B. KIND OF BUSINESS OR INDUSTRY: SCHOOL

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARRY POLLOCK

14. MOTHER'S MAIDEN NAME: ANNA CONNALLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: THEODORA RHODES 228 W 11th ST NEW YORK N

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

IMMEDIATE CAUSE (A) BRONCHO PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) CEREBRAL HEMORRHAGE WITH PARALYSIS RIGHT SIDE — 37 days

DUE TO (C) GENERAL ARTERIO-SCLEROSIS — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None of note

19A. DATE OF OPERATION: — 0

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

21E. INJURY OCCURRED While ☐ at work Not while ☐ at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT 2, 1952 to NOV. 12, 1955, that I last saw the deceased alive on NOV. 12, 1955, and that death occurred at 1A. M. from the causes and on the date stated above.

SIGNATURE Paul E. Van Hatt M. D. ADDRESS 5440 Silver Hill Rd SE Washington 23 DC DATE SIGNED Nov 13, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation — DATE THEREOF: Nov 15, 1955 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory — LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov 15 1955 — REGISTRAR'S SIGNATURE: Carrie Campbell

24. FUNERAL DIRECTOR: F. Gasch's Sons — ADDRESS: Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11160

11137 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) East Riverdale, Md
STREET ADDRESS (If rural give location) 6135 Edmonston Rd.

3. NAME OF DECEASED: (Type or Print) (First) EVA (Middle) MARIA (Last) PRONIO

4. DATE OF DEATH: (Month) November (Day) 28 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: 8/23/28

9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: SILVIO FIRMANI

14. MOTHER'S MAIDEN NAME: ELIZABETH DI FELICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: SILVIO PRONIO - 6135 EDMONSTON RD EAST RIVERDALE, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 130X
(A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Hypernephroma of right kidney — 2 1/2 years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9-

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9, 1955, to 11/28, 1955, that I last saw the deceased alive on 11/28, 1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE George Lange
ADDRESS M.D. 3117-38th Ave Cottage City Md
DATE SIGNED 11/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/1/1955
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) Colmar Manor, Pr. Geo Co. Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11/30/55
REGISTRAR'S SIGNATURE Amanda Stumey
24. FUNERAL DIRECTOR W. W. Chambers Co.
ADDRESS Riverdale, Md

11173

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11161 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN University Park
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4403 Van Buren St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY P-Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural, give location) 4403 Van Buren St.

3. NAME OF DECEASED: (Type or Print) (First) Eldridge (Middle) Raymond (Last) Puckett

4. DATE OF DEATH (Month) 11 (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-17-90

9. AGE Last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John R. Puckett

14. MOTHER'S MAIDEN NAME: Elizabeth Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1/14/18 to 12/6/18 WW I; 1/4/41 to 11/6/45 WW II; 4/3/51 to 12/14/52

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary C. Puckett -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 420.1 Acute congestive heart failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary occlusion — DUE TO (c) Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE John D. Maloney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-14-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11/17/55

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 11-14-55

REGISTRAR'S SIGNATURE Mrs. Jas. Bevers (Deputy)

24. FUNERAL DIRECTOR ADDRESS Valley Funeral Home, Inc. 5208 - R. I. Ave., Mt. Rainier, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11162

11174 CERTIFICATE OF DEATH Reg. Dist. No. 242

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: 6501 Davis St., N. E.
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Md. Park.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS No

2. USUAL RESIDENCE (HOME) OF DECEASED: 6501 Davis St., N. E.
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Park X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (First) Ruth (Middle) ELIZABETH (Last) Quinn
4. DATE OF DEATH: (Month) November (Day) 7 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Oct 14, 1911
9. AGE last birthday: 44 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ELZA Menefee
14. MOTHER'S MAIDEN NAME: Mabel. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): Prob no
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS: William Quinn 650 Davis St. N.E. Wash. 27, D.C. husband

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 002X
(A) Pulmonary hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: ½ hr.

ANTECEDENT CAUSE (S)
DUE TO
(B) Pulmonary tuberculosis — 1948

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1948 to 9-22, 1955 that I last saw the deceased alive on 9-22, 1955, and that death occurred at 2:30 AM, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS 1252 Sixth St., S. W., DATE SIGNED November 7, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Nov 10-55
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem
LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11/7/55
REGISTRAR'S SIGNATURE: Carrie Campbell
24. FUNERAL DIRECTOR: W. W. Chambers Co.
ADDRESS: Washington, D.C.

over

Contacted Dr. Maloney before signing this certificate.

11175

11163

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
LENGTH OF STAY (In this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6811 - Bock Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Oxon Hill
STREET ADDRESS (If rural, give location) 6811 - Bock Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank George Rambo	Nov 6 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married	Feb 21, 1901	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Pennsylvania	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William G. Rambo	Ida Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		E. Jean Rambo, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Cardiovascular renal disease	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James F. Fay M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-6-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 8-55	Cedar Hill	Suitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 6 - 1955	Edna F. Sellers	1661 - good Hope Rd S.E.	Washington

11138

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 11042 No. 251

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location) Route #2 Box #226

3. NAME OF DECEASED: (First) Sheryl (Middle) Ann (Last) Ray
4. DATE OF DEATH (Month) Nov. (Day) 22 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 21 1955
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 8 Days; IF UNDER 24 HRS. Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alonzo W. Ray
14. MOTHER'S MAIDEN NAME: Estelle Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Route #2 Box #226 Alonzo W. Ray Forrestville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) DUE TO Exhaustion
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Acute inanition (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 11-26-55 NAME OF CEMETERY OR CREMATORY Lincoln Memorial LOCATION (City, town, or county) Suitland Rd. (State) Md
DATE REC'D BY LOCAL REG. 11/23/55 REGISTRAR'S SIGNATURE Amanda E. Furney
24. FUNERAL DIRECTOR Henry S. Washington & Sons ADDRESS 467 N st NW Wash. D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11165

11139 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Md. — LENGTH OF STAY (in this place) 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brandywine, Md. — R 7
STREET ADDRESS (If rural give location) Rt. 1

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (Last) Reifschneider
4. DATE OF DEATH: (Month) (Day) (Year) November 27, 19 55

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-13-1876
9. AGE last birthday: 79 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10B. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): PENN.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: DAVID REIFSCHNEIDER Brandywine Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE: 610X
(A) Uremia — 2 weeks

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hydronephrosis & Hydroureter, bilateral — ?
DUE TO (C) Benign Prostatic Hypertrophy — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary Arteriosclerotic Heart Disease — ?

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12, 19 55, to 11/27, 19 55, that I last saw the deceased alive on 11/27, 19 55, and that death occurred at 11 P. M, from the causes and on the date stated above.
SIGNATURE Albert Roth, M. D. ADDRESS Riverdale DATE SIGNED 11-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 11-30-55
NAME OF CEMETERY OR CREMATORY: OAKLAND
LOCATION (City, town, or county) (State): WALDORF MD

DATE REC'D BY LOCAL REGISTRAR: 11-30-55
REGISTRAR'S SIGNATURE: Mrs. Amanda Mooney
24. FUNERAL DIRECTOR: The Hyatt Funeral Home
ADDRESS: Waldorf Md.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11166

11100 CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: 3811-37th St. Mt Rainier
COUNTY Pr. Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Mt Rainier
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: 3811-37th st
STATE Md COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) J. (Last) RICHARDSON JR.

4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH. 11-8-1875

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Wash D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Richardson

14. MOTHER'S MAIDEN NAME: Victoria Marsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Frederick J. Richardson Jr 3811-37th St Mt Rainier

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4428

IMMEDIATE CAUSE (A) Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: 11-22-55

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart & Kidney disease

DUE TO (C) Senility.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-21, 1955, to 11-22, 1955, that I last saw the deceased alive on 11-22, 1955, and that death occurred at 4 A. M, from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED

M.D. 3721-38th Place George Wagenaar 11-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-25-55

NAME OF CEMETERY OR CREMATORY Congressional

LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 11/23/55

REGISTRAR'S SIGNATURE Mrs. [illegible] Beard

24. FUNERAL DIRECTOR Hensley Funeral Home

ADDRESS 3531-6th St N.W. Wash D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11167

11140

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Geo's Gen'l Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant X
STREET ADDRESS (If rural give location) 504 Addison Rd. 1

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) BEGGS (Last) ROYER
4. DATE OF DEATH: (Month) (Day) (Year) November 4 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	October 19 1881	74 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Westminster, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Royer
14. MOTHER'S MAIDEN NAME: Jennie Beggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Harper Royer - 504 Addison Rd, Seat Pleasant, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.1	(A) Massive Pulmonary Embolism	Immediate
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Coronary occlusion with myocardial infarct DUE TO	2 weeks
260 X	(C) Coronary Arteriosclerotic Heart disease	??

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 5 years

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950, to 11/14, 1955, that I last saw the deceased alive on Nov. 14, 1955, and that death occurred at 9:35 A.M., from the causes and on the date stated above.

SIGNATURE William Brannen — ADDRESS M.D. 6124 Central Ave, Capitol Heights Md — DATE SIGNED 11/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
CREMATION	Nov 17 '55	LEES Crematory	WASHINGTON DC

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/15/55	Amanda L. Feeney	J. Wm. LEES Sons	300-4th STNE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11168

11141 CERTIFICATE OF DEATH Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adelphi X; STREET ADDRESS (If rural give location) 3305 Powder Mill Road

3. NAME OF DECEASED. (Type or Print) (First) Julia (Middle) Florence (Last) St. George

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH. May 15, 1897

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days. IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Gustavson

14. MOTHER'S MAIDEN NAME: Josephine Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Raymond A. St. George (Husband)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.1 IMMEDIATE CAUSE (A) DUE TO Uremia

ANTECEDENT CAUSE (B) DUE TO Gangrene - L foot & leg

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Generalized arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1955, to 11-27, 1955 that I last saw the deceased alive on 11-27, 1955, and that death occurred at 8:24 M. from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS College Park DATE SIGNED 11-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF Nov 30, 55; NAME OF CEMETERY OR CREMATORY Pine Grove; LOCATION (City, town, or county) (State) Lynn Massachusetts

DATE REC'D BY LOCAL REGISTRAR; REGISTRAR'S SIGNATURE; 24. FUNERAL DIRECTOR Hyatt Sons; ADDRESS Hyattsville Md

NOV

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed with[illegible] 4 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11169

11142

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel
LENGTH OF STAY (In this place): 41
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 326 Talbott Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Laurel — 41
STREET ADDRESS (If rural give location): 326 Talbott Avenue

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) L. (Last) Schooley

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	Widowed	April 5 1860	95 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Howard Co. Maryland	USA

13. FATHER'S NAME: Brandon Thompson

14. MOTHER'S MAIDEN NAME: Mary Ann Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Miss Daisy Schooley Laurel Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Acute Bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B): Asthma - Acute pulmonary
DUE TO (C): Chr Endocarditis, Hypertension — Yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1955, to 11/3, 1955, that I last saw the deceased alive on 11/5, 1955, and that death occurred at 3:10 M, from the causes and on the date stated above.

SIGNATURE: D B Rummel M.D. — ADDRESS (Street, city, town, state): 314 Compton Laurel Md — DATE SIGNED: 11/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 6 1955	St Mary's Cemetery	Laurel Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Nov 6-55	M. Brashears	DeWitt Donaldson	Laurel Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11170

11143 CERTIFICATE OF DEATH

Reg. Dist. No. . .

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH.
COUNTY PRINCE GEORGES MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIVERDALE
LENGTH OF STAY (in this place) 10/28 - 11/3/55
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7611 LELAND MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MD. COUNTY PRINCE GEORGES
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYATTSVILLE
STREET ADDRESS (If rural give location) 6213 42nd AVE.

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) (Last) SIRAVO

4. DATE OF DEATH: (Month) NOV. (Day) 3 (Year) 1955

5. SEX: Fe

6. COLOR OR RACE: WH.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH. July 14, 1883

9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lombardi

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) /

If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS. SAME ADDRESS
DAUGHTER-IN-LAW-MRS. Ruth SIRAVO

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3.32 X

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSE (S); DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) General arteriosclerosis — 2 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to Nov 3, 1955, that I last saw the deceased alive on Nov 2, 1955, and that death occurred at 3:20 A. M, from the causes and on the date stated above.

SIGNATURE L W Malin M. D. ADDRESS Riverdale, Md DATE SIGNED Nov 3, 1955

23. ~~BURIAL~~ ~~CREMATION~~, REMOVAL (SPECIFY) Burial Removal | DATE THEREOF 11-3-55 | NAME OF CEMETERY OR CREMATORY Bertotto Funeral Home | LOCATION (City, town, or county) Phila. Pa. (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 3, 1955 | REGISTRAR'S SIGNATURE James Devers | OF FUNERAL DIRECTOR F. Gaschi Sons | ADDRESS Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11171

11176 CERTIFICATE OF DEATH

Reg. Dist. No. 742

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Suitland; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS oo

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland X; STREET ADDRESS (If rural give location) 4692- Homer Ave.

3. NAME OF DECEASED: (First) Charlotte (Middle) D. (Last) Southworth

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 21- 1928

9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles D. Randall

14. MOTHER'S MAIDEN NAME: Alice C. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: John F. Southworth, 4692- Homer Ave Suitland Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Myelocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 yrs

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

204.1

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1952 to Nov 6, 1955, that I last saw the deceased alive on Nov 6, 1955, and that death occurred at 8 P. M, from the causes and on the date stated above.

SIGNATURE Jean R. Hall M. D. ADDRESS Jean R. Hall 9N-17 St NW DATE SIGNED 11/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Nov. 9-55

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REGISTRAR: NOV. 6-1955

REGISTRAR'S SIGNATURE: Edna F. Elkins

24. FUNERAL DIRECTOR: Lemmon Bros.

ADDRESS: 1661- 22nd Ave. Hyatts Washington DC

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11172

11144 CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH

COUNTY Prince Georges MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lovely, Maryland

LENGTH OF STAY (in this place) 8 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Prince Ges

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville, Md. 15

STREET ADDRESS (If rural give location) 5610 - 47th Avenue

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) (Last) Sowers

4. DATE OF DEATH (Month) Nov. (Day) 7, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	married	5/21/88	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant	Wat Light	Va	USA

13. FATHER'S NAME Robert L. Sowers

14. MOTHER'S MAIDEN NAME Harriet Eskridge

15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Hospital Record Lovely, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

211X IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Carcinoid - Ileum c Carcinomatosis — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 19 40 to 11-7, 19 55, that I last saw the deceased alive on Nov 6, 19 55, and that death occurred at 1 05 A M, from the causes and on the date stated above.

SIGNATURE C L Deets M.D. ADDRESS (Street, city, town, state) Hyattsville, Md DATE SIGNED 11-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 9, 1955	Fort Lincoln	Colmar Manor Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 11/9/55	Amanda Downey	F Gosch & Sons Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11145 CERTIFICATE OF DEATH

Reg. Dist. No. 11172831

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 3921 Oglethorpe Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) F. (Last) Stapleton

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 8-2-92

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ?
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
540.0 IMMEDIATE CAUSE	(A) Massive Pulmonary Emboli	24 hrs
ANTECEDENT CAUSE (B)	DUE TO (B) Post Operative Pancreatitis	7 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Gastric Resection for Gastric Ulcer	29 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/5, 1955 to 11/16, 1955 that I last saw the deceased alive on 11/16, 1955, and that death occurred at 1:05 P.M., from the causes and on the date stated above.

SIGNATURE John H. Bayly M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov. 19, 1955

NAME OF CEMETERY OR CREMATORY Ft. Lincoln

LOCATION (City, town, or county) (State) Pr. Geo. Co., Md.

DATE REC'D BY LOCAL REGISTRAR 11/18/55

REGISTRAR'S SIGNATURE Amanda L. Bowney

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co., Riverdale, Md.

11097 11174

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2145

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Police Station

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2343 - Pitt Place

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) W (Last) Summers
4. DATE OF DEATH (Month) 11 (Day) 15 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	8-20-15	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Fuel
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 491X Bronchopneumonia & cerebral edema	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Bilateral bronchopneumonia	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11-16-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	11/16/55	389 Rhode Island Ave	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-16-1955	Mrs. Jas. Devereux Deputy	Frazier Funeral Home	389 Rhode Island Ave. Wash. D.C

VS. A15A - 5 - 53

11177

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11175 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Mitchellville Junct. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rip's Restaurant

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY Edgecomb
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rocky Mount
STREET ADDRESS (If rural, give location) 402 Barbara Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wand	Cook	Sumrell	Nov	3	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 5	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Superintendent	Rocky Mt Construction Co	North Carolina	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	Unk.	Wm Lewis Joyner, Rocky Mt. N.C. 1315 B Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary thrombosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐

SIGNATURE [signature] CHIEF MEDICAL EXAMINER / DEPUTY MEDICAL EXAMINER / ASSISTANT MEDICAL EXAM. M. D. DATE SIGNED 11-3-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transportation	11/3/1955	Johnson Funeral Home	Rocky Mount, North Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 3 1955	Mrs Edgar H. Giesling	F. Gasch's Sons	Hyattsville, Maryland

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11146

CERTIFICATE OF DEATH

11176

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bladensburg
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4107-51 street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bladensburg
STREET ADDRESS (If rural, give location) 4107-51 st

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) (Last) TAYLOR

4. DATE OF DEATH (Month) Nov (Day) 5, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Dec 6, 1865	89 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Slaughter		Washington D.C.	U.S.A

13. FATHER'S NAME James Taylor

14. MOTHER'S MAIDEN NAME Margaret Fletcher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS Hudley Taylor Bladensburg Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A) Cerebral hemorrhage	2 wks.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) ARTERIOSCLEROSIS	15 YR
(420.8)	DUE TO (C) ARTERIOSCLEROTIC HEART DISEASE	10 YR.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	DIABETES MELLITUS	10 YR.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY, 19 55, to 11-5, 19 55, that I last saw the deceased alive on 11-2, 19 55, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE R.D. Bowen M.D. — ADDRESS (Street, city, town, state) 2513 Buckingham Rd. Hyattsville Md. — DATE SIGNED 11-5-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/8/55	Fort Lincoln	Colmar Manor, Md

24. REC'D BY REGISTRAR DATE Nov 8, 1955 — **REGISTRAR'S SIGNATURE** Elmanda Downey

25. FUNERAL DIRECTOR'S SIGNATURE F Busch & Sons — **ADDRESS** Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11177

11178 # CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH

COUNTY Prince Georges — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Contee

LENGTH OF STAY (In this place) 20 Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Contee Road Rural

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Prince Georges

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Contee

STREET ADDRESS (If rural give location) Contee Road

3. NAME OF DECEASED (Type or Print) (First) Rosalie (Middle) (Last) Towers

4. DATE OF DEATH (Month) Nov. (Day) 1 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min
Female	White	Widowed	17 June 1880	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert E. White	Josephine Phelps

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Mrs. Frank R. Allen Same as # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.1 IMMEDIATE CAUSE (A) Myocardial Heart Disease — 3 mo

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Hypertension - Multiple Carcinoma — 3 yrs.

DUE TO (C) & Choriocarcinoma - Metastasis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. & Ulcer

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11-, 1955, to 11-1-, 1955, that I last saw the deceased alive on 11-1-, 1955, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE & M.D. WB Linard — ADDRESS (Street, city, town, state) 314 Confirmation Road — DATE SIGNED 11/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4 Nov. 55	Ivy Hill Cemetery	Laurel, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Nov. 7, 1955	Millie Brachear	F. Gasch's Sons Hyattsville, Maryland

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

11179

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11178

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Hillside
LENGTH OF STAY (In this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5003 N Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hillside X
STREET ADDRESS (If rural, give location) 5003 N Street /

3. NAME OF DECEASED: (Type or Print) (First) Oliver (Middle) Howard (Last) Tyler

4. DATE OF DEATH (Month) November (Day) 4 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	Nov. 26, 1883	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	General	District of Columbia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George W. Tyler	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Ila Mae Cowne, Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) 442X	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Acute congestive heart failure	
DUE TO		
	(c) Cardiovascular renal disease	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Boyle M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-4-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/7/55	Fort Lincoln	Bladensburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 6. 55	Carrie Campbell	W.W. Chambers Co	517-11th St SE Wash, D.C.

11179

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11147 CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges' MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly; LENGTH OF STAY (in this place) 3½ hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges' General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges'; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park X; STREET ADDRESS (If rural give location) 6715 Colesville Road 1

3. NAME OF DECEASED: (First) Erick (Middle) John (Last) Wadman —

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify) [redacted]

8. DATE OF BIRTH: 11-11-66 —

9. AGE last birthday 89 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cabinet Finisher

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 469-26-4252

17. INFORMANT & ADDRESS: Statistic Card

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

DUE TO

ANTECEDENT CAUSE (B) Arteriosclerotic Heart Disease — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June ... 19 37 to Nov 11, 19 55 that I last saw the deceased alive on Nov 11, 19 55 and that death occurred at 6 45 A.M., from the causes and on the date stated above.

SIGNATURE Leon L Gallis M. D. ADDRESS VA Center DATE SIGNED 11/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov 14, 1955 — NAME OF CEMETERY OR CREMATORY George Washington — LOCATION (City, town, or county) (State) Hyattsville, Md

DATE REC'D BY LOCAL REGISTRAR 11/14/55 — REGISTRAR'S SIGNATURE Miranda Downey

24. FUNERAL DIRECTOR F Gascho & Son — ADDRESS Hyattsville Md

11180

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11180 CERTIFICATE OF DEATH

Reg. Dist. No. 244

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: Andrews Air Force Base
COUNTY: Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Camp Springs, Maryland
LENGTH OF STAY (in this place): DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1401st USAF Hospital Andrews AFB, Wash 25, D. C.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE: Maryland COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clinton, Md.
STREET ADDRESS (If rural give location): Route #2, Box 90X

3. NAME OF DECEASED: (First) Anna (Middle) Mildred (Last) Walter

4. DATE OF DEATH: (Month) Nov (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Cau

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 23 Sep 1919

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Philadelphia, Penn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Howard Sr.

14. MOTHER'S MAIDEN NAME: Amelia Behr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT & ADDRESS: William S. Walter Husband, Box 90X, Route #2, Clinton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

919.9

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Gunshot Wound, Brain — DUE TO

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) Md

21D. TIME OF INJURY (Month) Nov (Day) 20 (Year) 55 (Hour) 2:45 P.M.

21E. INJURY OCCURRED While at work [ ] Not while at work [X]

21F. HOW DID INJURY OCCUR? Gunshot Wound (facts surrounding undetermined)

22. I hereby certify that I attended the deceased from ---- ..., 19.., to ---- ..., 19.., that I last saw the deceased alive on ---- 19.., and that death occurred at 3:15 P.M, from the causes and on the date stated above.

SIGNATURE Anthony Palazzolo
ANTHONY J. PALAZZOLO, 1st Lt., USAF (MC) M. D.
ADDRESS 1401st Hosp, Andrews AFB Wash 25, D
DATE SIGNED 20 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
DATE THEREOF: 20 Nov 55
NAME OF CEMETERY OR CREMATORY: Collingswood
LOCATION (City, town, or county) (State): New Jersey

DATE REC'D BY LOCAL REGISTRAR: 21 Nov. 1955
REGISTRAR'S SIGNATURE: Mrs. Helen M. Burns

24. FUNERAL DIRECTOR: Rinaldi Furneral Home Inc ADDRESS: 816 H. St. NE. Wash. D. C.

Film #189- 11/30/55- Mnt-

Two for one certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11181

11148 CERTIFICATE OF DEATH Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Pr Geo MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mentwood; LENGTH OF STAY (in this place) 1 yr 4 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3715 Quincy

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr Geo; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mentwood Md; STREET ADDRESS (If rural give location) 3715 Quincy

3. NAME OF DECEASED: (First) William (Middle) Edward (Last) Walters.

4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1955

5. SEX: M; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married; 8. DATE OF BIRTH: Jan 11, 1877; 9. AGE last birthday: 78 yrs.; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter; 10B. KIND OF BUSINESS OR INDUSTRY: Builder; 11. BIRTHPLACE (State or foreign country): Pa.; 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: —; 14. MOTHER'S MAIDEN NAME: Lucy Raney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No; 16. SOCIAL SECURITY NO.: 171-07-9936; 17. INFORMANT & ADDRESS: Mae Walters (wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X IMMEDIATE CAUSE (A) DUE TO Cerebral Thrombosis

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Generalized arteriosclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —; 19B. MAJOR FINDINGS OF OPERATION —; 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER); 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.); 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.; 21E. INJURY OCCURRED While at work ☐ Not while at work ☐; 21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 15 1955, to Nov 8, 1955, that I last saw the deceased alive on Nov 7, 1955, and that death occurred at 6:45 PM, from the causes and on the date stated above.

SIGNATURE [redacted] M. D. ADDR College Park DATE SIGNED 11-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial; DATE THEREOF 11/11/55; NAME OF CEMETERY OR CREMATORY Fort Lincoln; LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 11-1955; REGISTRAR'S SIGNATURE Mrs. Jas. Lowe Deputy; 24. FUNERAL DIRECTOR & ADDRESS: Malloy's Funeral Home Inc 3200 Rhode Island Ave Mt. Rainier, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11182

Items 7-12 Film C139 11-; 3-55 et

11101

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier
LENGTH OF STAY (in this place) 16
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier 16
STREET ADDRESS (If rural give location) 3303 Otis st

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) M (Last) Walton

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1955

5. SEX: F 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed 8. DATE OF BIRTH: July 8-1886 9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE Maid 10B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt. Blair House 11. BIRTHPLACE (State or foreign country): Ireland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Vaughan 14. MOTHER'S MAIDEN NAME: Francis Cookeen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 16. SOCIAL SECURITY NO (If Yes, give war or dates of service) 17. INFORMANT & ADDRESS: W. T. Walton - 3303 Otis st

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
170X IMMEDIATE CAUSE (A) Generalized metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 months
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma of breast — 2 yrs. 8 mos
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cachexia

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1955, to Nov. 16, 1955, that I last saw the deceased alive on Nov. 14, 1955, and that death occurred at 9:20 A M, from the causes and on the date stated above.
SIGNATURE Stephen Hulbert M. D. ADDRESS 3000 Sixth Place NW DATE SIGNED Nov. 16, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Nov 19 1955 NAME OF CEMETERY OR CREMATORY Mt Olivet LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REGISTRAR Nov 16, 1955 REGISTRAR'S SIGNATURE James Devey 24. FUNERAL DIRECTOR J Wm Lees ADDRESS 300-4th St NW

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
NOV 21 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11183

11181 CERTIFICATE OF DEATH Reg. Dist. No. 24C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WESTWOOD
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PR. GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WESTWOOD
STREET ADDRESS (If rural give location) RURAL - MAGRUDER FERRY ROAD

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) AMELIA (Last) WATSON

4. DATE OF DEATH: (Month) NOV. (Day) 5 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: APR. 30, 1870

9. AGE Last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME (Own)

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS SEGER.

14. MOTHER'S MAIDEN NAME: AMELIA WATSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: daughter - HELEN WATSON - RR Brandywine Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Acute Myocardial Failure — Interval Between Onset And Death: 1 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocardial Weakness — 2 yrs

DUE TO

(c) Chronic Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Asthmatic Bronchitis & Senility

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov. ..., 1955, to Aug. ..., 1955, that I last saw the deceased alive on Aug. 1, 1955, and that death occurred at 3:00 PM, from the causes and on the date stated above.

SIGNATURE Jahah M. Seron (Degree or title) MD ADDRESS Aquasco, Md DATE SIGNED Nov 5, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/8/55

NAME OF CEMETERY OR CREMATORY Immanuel Cemetery

LOCATION (City, town, or county) (State) Horsehead, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 10 1955

REGISTRAR'S SIGNATURE J H Billingsley Brandywine Md

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11149 **CERTIFICATE OF DEATH** Reg. Dist. No. 21384

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 38 Cheverly. LENGTH OF STAY (in this place) 3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 21 D.C. X
STREET ADDRESS (If rural give location) 5063 Dunlap St SE

3. NAME OF DECEASED: (First) George (Middle) B. (Last) West
4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 24 Mar 89
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Drivers
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington - D.C
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles B. West
14. MOTHER'S MAIDEN NAME: Kate Dance
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. yes.
17. INFORMANT & ADDRESS: Geo. H. West.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X
IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma of Esophagus — 7

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 19 55, to 11/3, 19 55, that I last saw the deceased alive on 11/3, 19 55, and that death occurred at 5:30 A M, from the causes and on the date stated above.
SIGNATURE Samuel E. Sugar M. D. ADDRESS 7 Rainier Rd DATE SIGNED 11/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried
DATE THEREOF 11-5-55
NAME OF CEMETERY OR CREMATORY Washington Natl
LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/4/55
REGISTRAR'S SIGNATURE Amanda D Turney
24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11185

11102 CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 17 Kenilworth Park — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 1104 Haverford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47 — STREET ADDRESS (If rural give location) 825-4th St. N.E.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELLEN (Last) WHYTE

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Aug 19-1878

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Whyte

14. MOTHER'S MAIDEN NAME: Eliza Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S NAME & ADDRESS: Mrs. Ora Whyte 1104 Haverford Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4343 IMMEDIATE CAUSE (A) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Embolus — 4 days

19A. DATE OF OPERATION: C

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Nov, 1955, to 23 Nov, 1955, that I last saw the deceased alive on 22 Nov, 1955, and that death occurred at 6 A M, from the causes and on the date stated above.

SIGNATURE William O. Auf M.D. — ADDRESS Silver Spring Md — DATE SIGNED 11/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 11-26-1955 — NAME OF CEMETERY OR CREMATORY: Congressional — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REGISTRAR: Nov 23, 55 — REGISTRAR'S SIGNATURE: Carrie Campbell — 24. FUNERAL DIRECTOR: J. Hon Lee & Sons — ADDRESS: Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11186

11150

CERTIFICATE OF DEATH

Reg. Dist. No. 221

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 9 Mos-Born
HOSPITAL OR INSTITUTION OR STREET ADDRESS 77 Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Pk 14
STREET ADDRESS (If rural give location) Doll Valley Pk

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) A. (Last) Widmyer
4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: 4 11 09. | 9. AGE last birthday 46 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert C Widmyer
14. MOTHER'S MAIDEN NAME: Tillie Bohrer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Record Cheverly, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

148X IMMEDIATE CAUSE (A) CANCER of THROAT. — INTERVAL BETWEEN ONSET AND DEATH 6 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: C
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 14 1955, to 11 14 1955 that I last saw the deceased alive on 11 14 1955, and that death occurred at 10 38 P. M, from the causes and on the date stated above.

SIGNATURE Albert F C Th M. D. ADDRESS Riverdale Md DATE SIGNED 11 15 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov 17, 1955 | NAME OF CEMETERY OR CREMATORY Rosedale Cemetery | LOCATION (City, town, or county) (State) Martinsburg W. Va.

DATE REC'D BY LOCAL REGISTRAR 11 15 55 | REGISTRAR'S SIGNATURE Amanda Burney

24. FUNERAL DIRECTOR Fuscho Sons & Gatterelle ADDRESS Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11187

11182 CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (rural) — LENGTH OF STAY (in this place): 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 914 H. Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) L (Last) Wilkenson

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): separated

8. DATE OF BIRTH: Dec. 4, 903

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months 10 Days 29 IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk

10b. KIND OF BUSINESS OR INDUSTRY: Evening Star Newspaper

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Wilkinson

14. MOTHER'S MAIDEN NAME: Ellen Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1929-33

16. SOCIAL SECURITY NO.: 577-16-7632

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 day
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerotic Heart Disease — Interval Between Onset and Death: unknown
DUE TO
0025
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — Interval Between Onset and Death: 8 years

19a. DATE OF OPERATION: C — **19b. MAJOR FINDINGS OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19, 1955, to Nov. 2, 1955, that I last saw the deceased alive on Nov. 1, 1955, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Finnegan — (DEGREE OR TITLE) M.D. — ADDRESS Glenn Dale Hospital, Glenn Dale, Md. — DATE SIGNED 11/2/55

23. ~~BURIAL~~, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 11/2/55 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 11/2/55 — REGISTRAR'S SIGNATURE — **24. FUNERAL DIRECTOR** James J. Ryan Inc. — ADDRESS 317 Penn. Ave. S.E. Wash. 3, D.C.

11151 11188

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Greenbelt
STREET ADDRESS (If rural, give location) 49-D-Ridge Road.

3. NAME OF DECEASED: (Type or Print) (First) Patrick (Middle) Henry (Last) Williams
4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-31-1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired Minister
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Harvey Williams
14. MOTHER'S MAIDEN NAME: Cornelia Francis Bean
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — Interval between onset and death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Malonn (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov 21, 1955
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. 11/18/55
REGISTRAR'S SIGNATURE Amanda Downing
24. FUNERAL DIRECTOR ADDRESS F Gaschi sons Hyattsville, Md

RECEIVED
NOV 21 1955
BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11189

11183 CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH

COUNTY Prince George — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Queenstown

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Prince George

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queenstown

STREET ADDRESS (If rural give location) 2204 Queens Chapel Road

3. NAME OF DECEASED (Type or Print) (First) Julian (Middle) Howard (Last) Woolard

4. DATE OF DEATH (Month) Nov. (Day) 27, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 25, 1883	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Grocery	Richmond Co. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Woolard	Elizabeth Bell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		Jefferson R. Woolard 2204 Queens Chapel Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X IMMEDIATE CAUSE (A) Cancer, Colon

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	Carcinoma, Colon	YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1955, to Nov 27, 1955, that I last saw the deceased alive on 27 Nov., 1955, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE Jules Gilbert M.D. — **ADDRESS.** (Street, city, town, state) 3200 Chillum Rd Hyattsville, Md. — **DATE SIGNED** 11/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 30, 1955	Fort Lincoln	Bladensburg, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Nov. 30, 1955	Mrs. Jas. Severe Deputy	Deal Funeral Home Robert E. Wilhelm	4812 Ga. Ave. NW Wash. D. C.

RECEIVED
DEC 1 1955
BUREAU V. S.